

# REVISION

*BY*

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University



# Outlines:-

➤ Cases.

➤ Radiology.

➤ Instruments.



# I - Cases

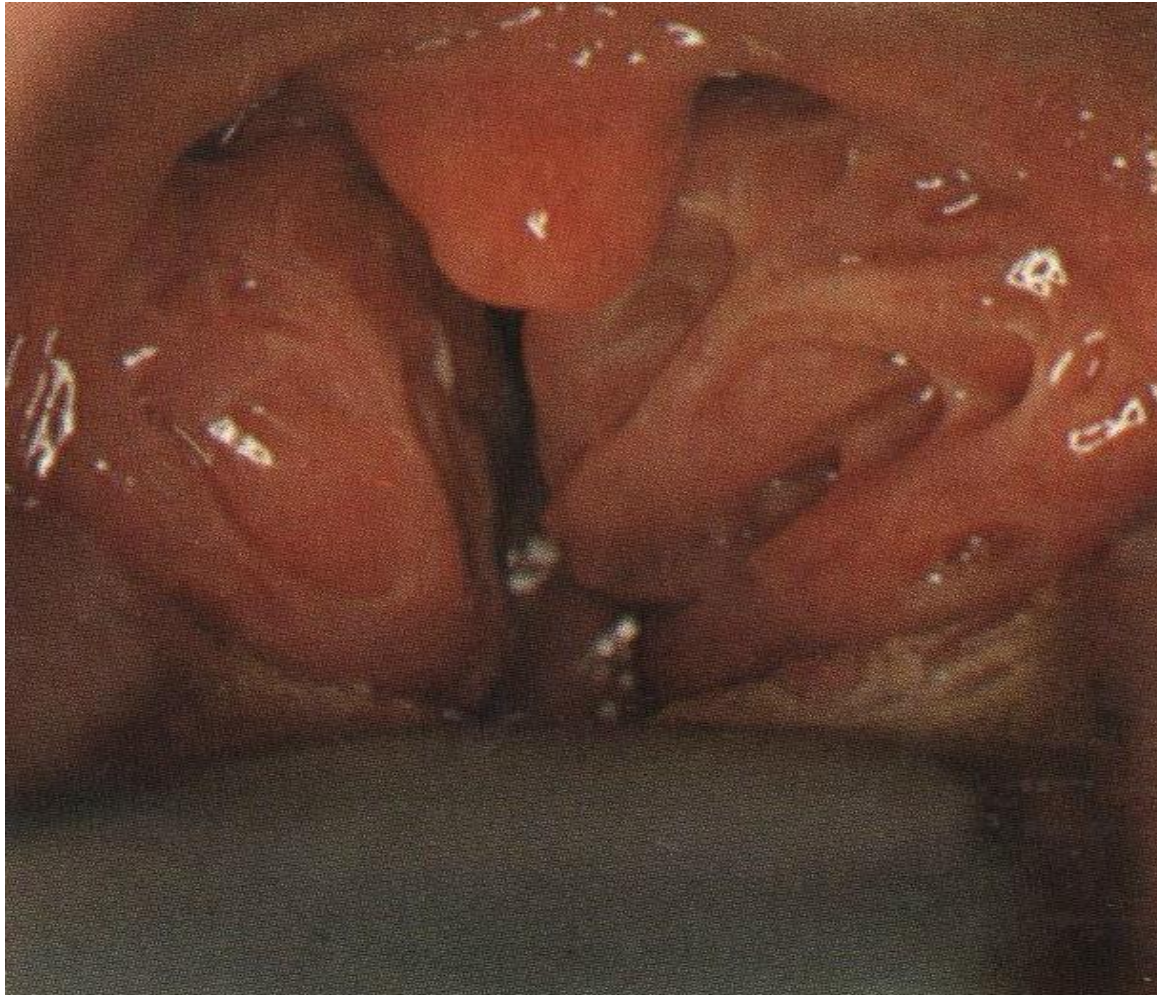




**Diagnosis** : Acute Follicular tonsillitis.

**Investigations** : - Swab - CBC.

**Treatment** : Antibiotics – Analgesics – Antipyretic.



*Diagnosis* : Chronic tonsillitis.

*Investigation* : E.S.R, Antistreptolysin O titre.

*Treatment* : Tonsillectomy.





*Diagnosis :* Post tonsillectomy membrane.

*Treatment :* Anti biotic + mouth gurgles.



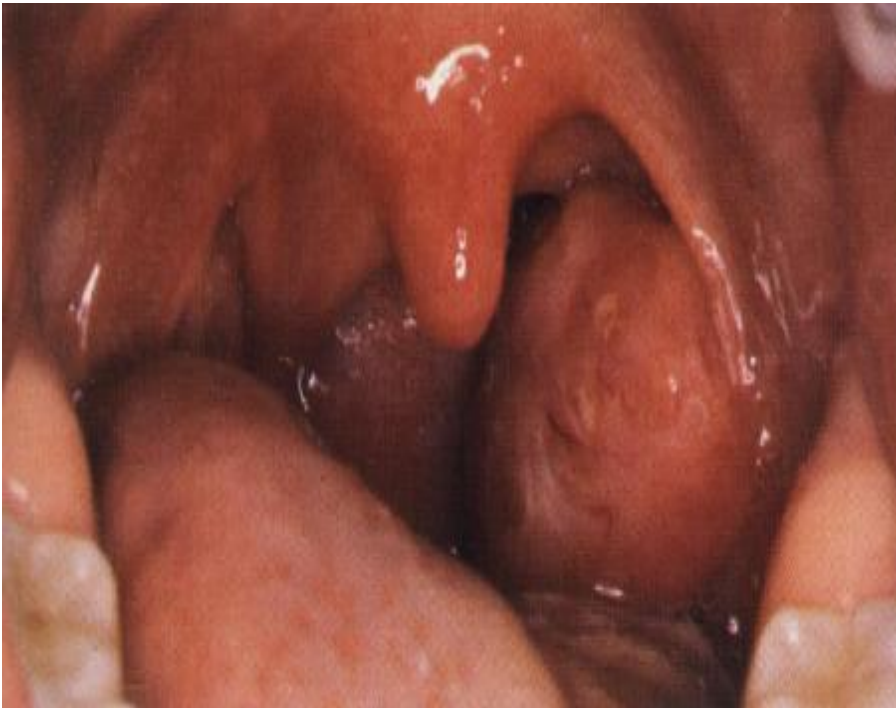
*Diagnosis* : Quinzy.

*D. D* : Carotid aneurysm - Neoplasms.

*Treatment* : Surgical drainage per oral.



## *Neoplasms*



Unilateral Large Tonsil  
Lymphoma



Malignant ulcerative mass





**Diagnosis :** oropharyngeal Moniliasis.

**Symptoms :** Sore throat.

**Treatment :** anti fungal drugs.



Fig. 4.14a, b Ulceration and swelling of dental origin. In b an aphthous-like ulcer overlying the apex of this deciduous tooth suggests the diagnosis of an apical dental abscess.

**Diagnosis :** Aphthus ulcer of the mouth.

**Treatment :** Local anaesthetic ointment.

## *Malignant ulcers*







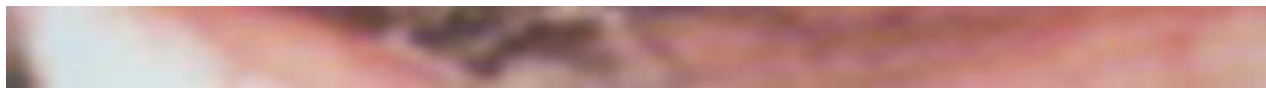
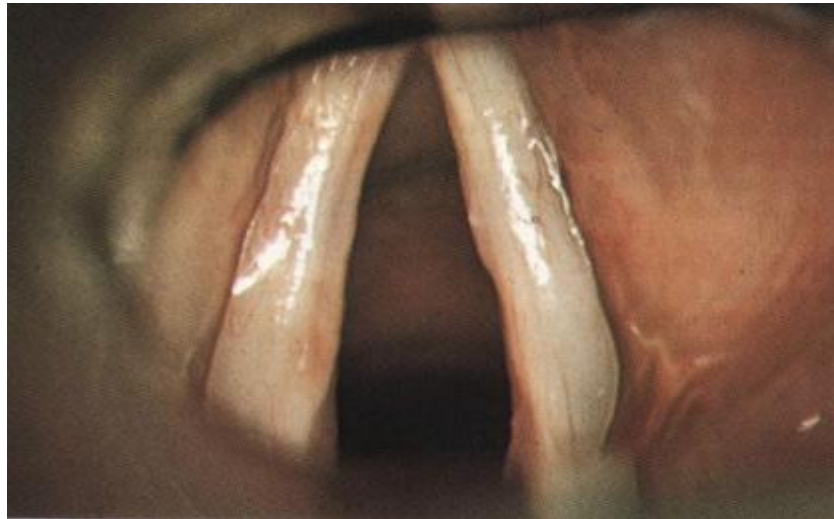
**Diagnosis :** Ludwig`s angina.

**Possible symptoms:** : dysphagia - stridor.

**Treatment :** surgical drainage - post operative antibiotic.

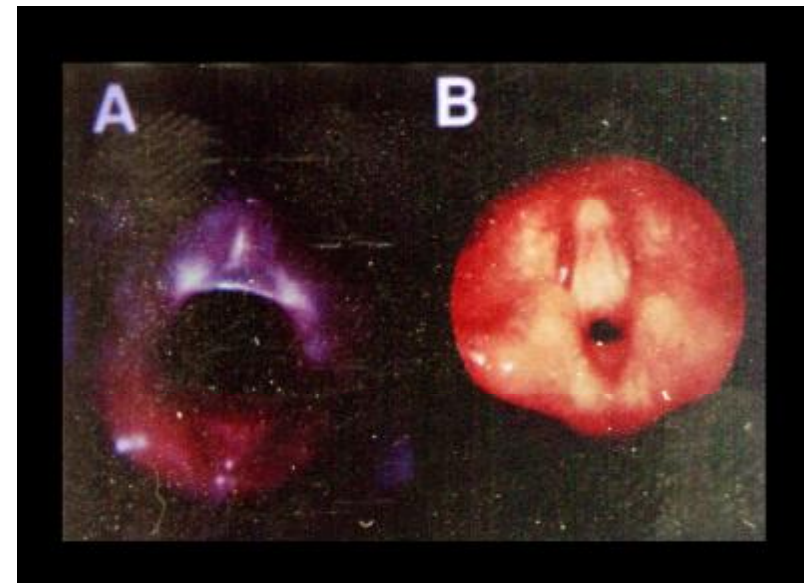


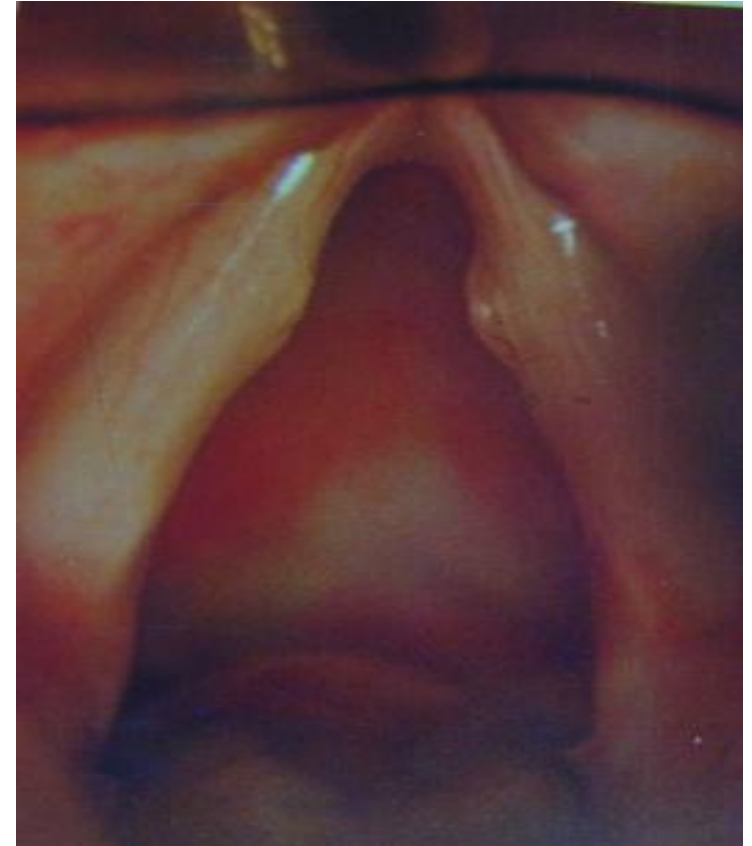






*Diagnosis :* laryngeal web.  
*Treatment :* Excision by LASER.





*Diagnosis* : Vocal fold nodules.

*Treatment* : Voice therapy- Microlaryngo surgery excision and histopathological examination.

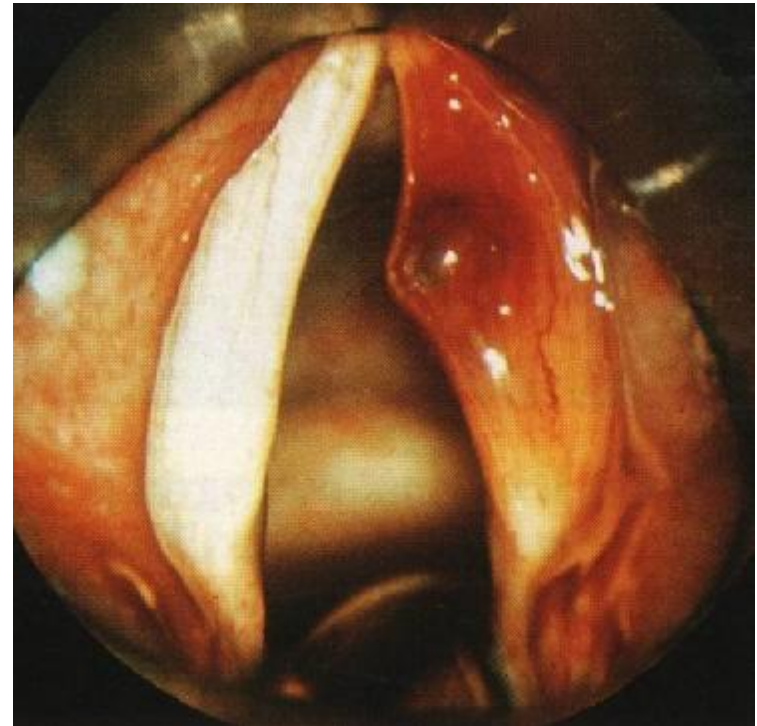
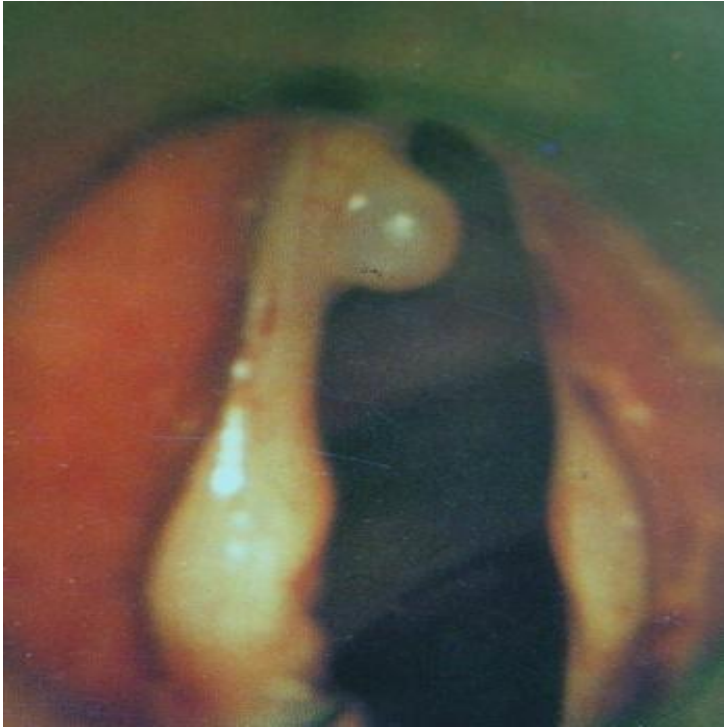




*Diagnosis* : Vocal fold polyp.

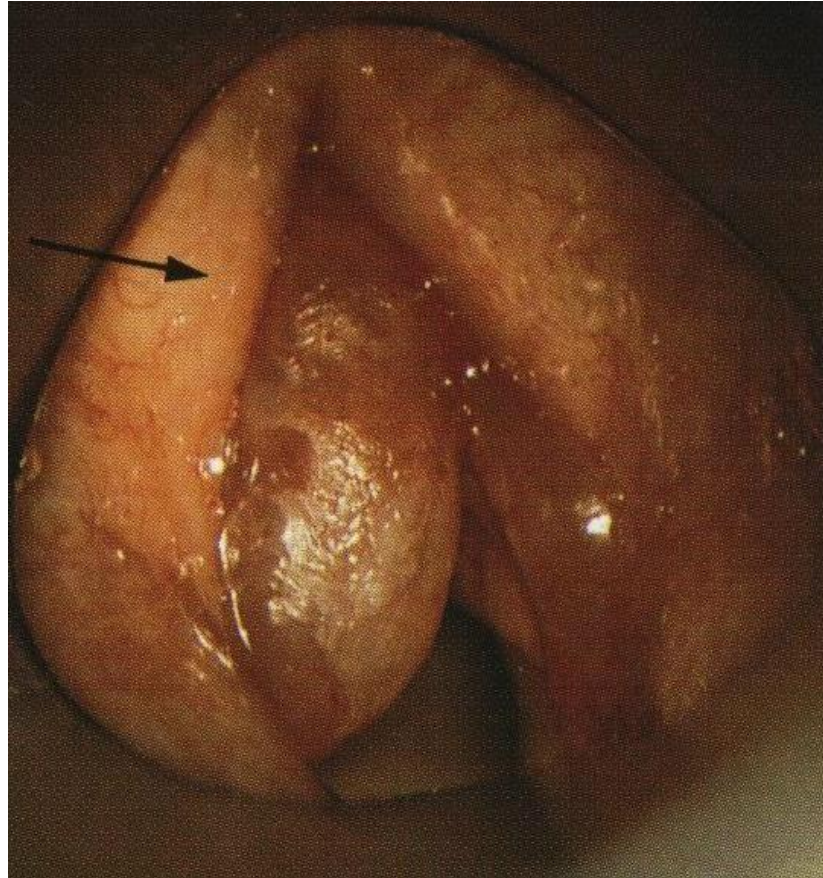
*Treatment* : Microlaryngo surgery excision and histopathological examination.



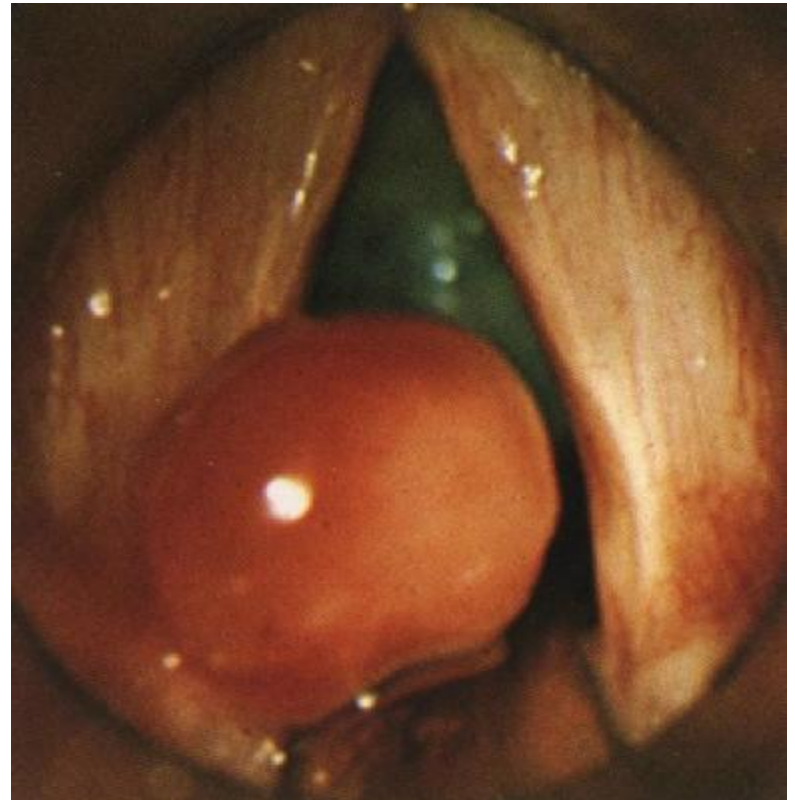
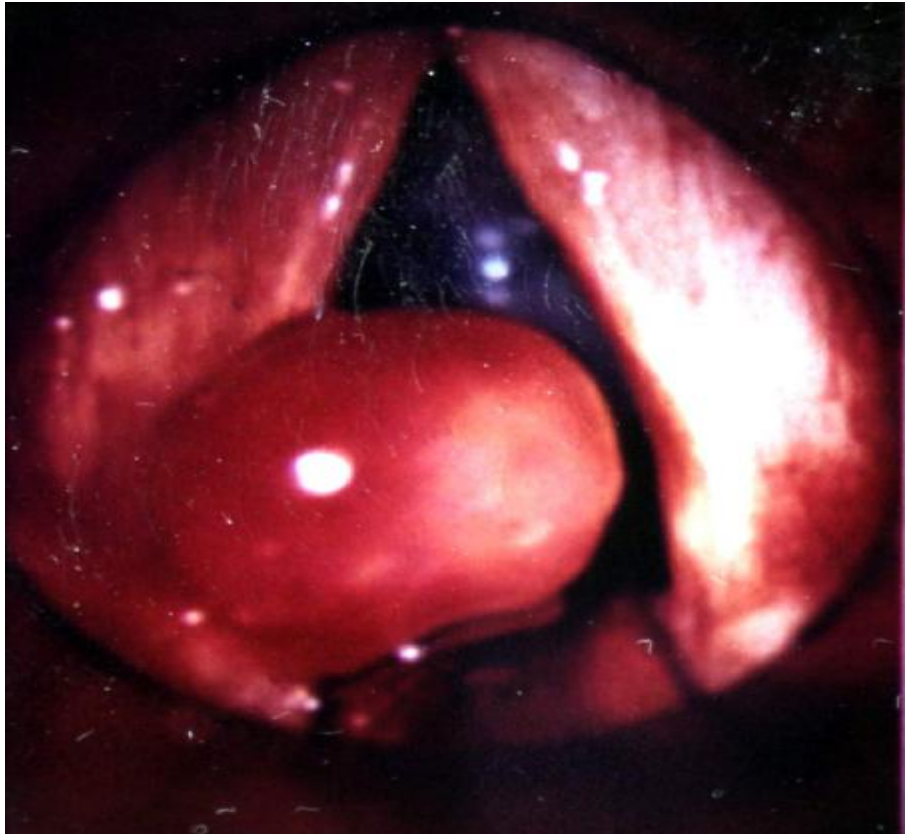


*Diagnosis :* Vocal fold cyst.

*Treatment :* Microlaryngo surgery excision.



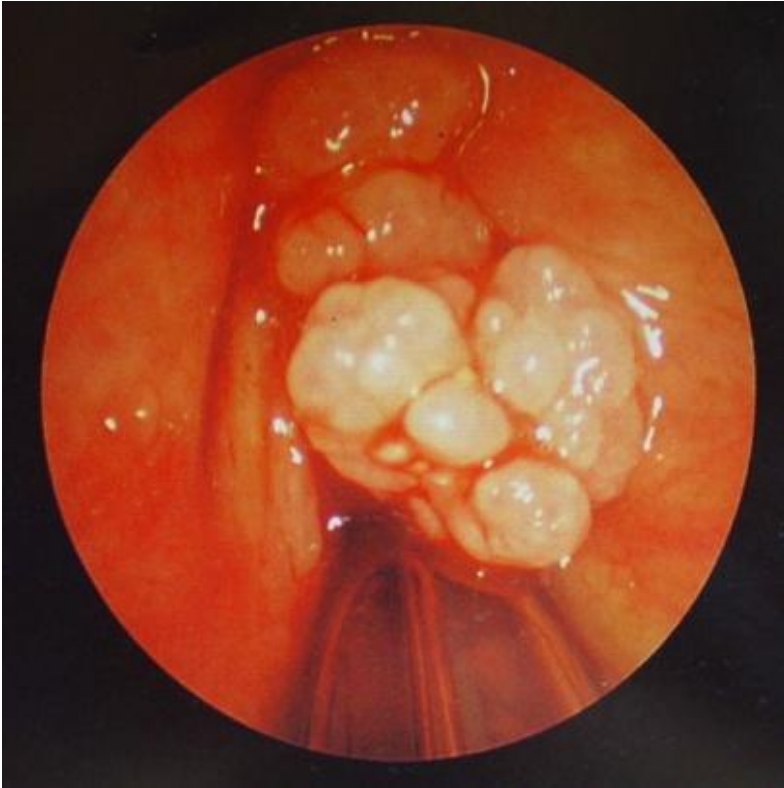
*Diagnosis :* Reinke`s oedema.



**Diagnosis :** Intubation gronnuloma.

**Treatment :** Microlaryngo surgery excision and histopathological examination.

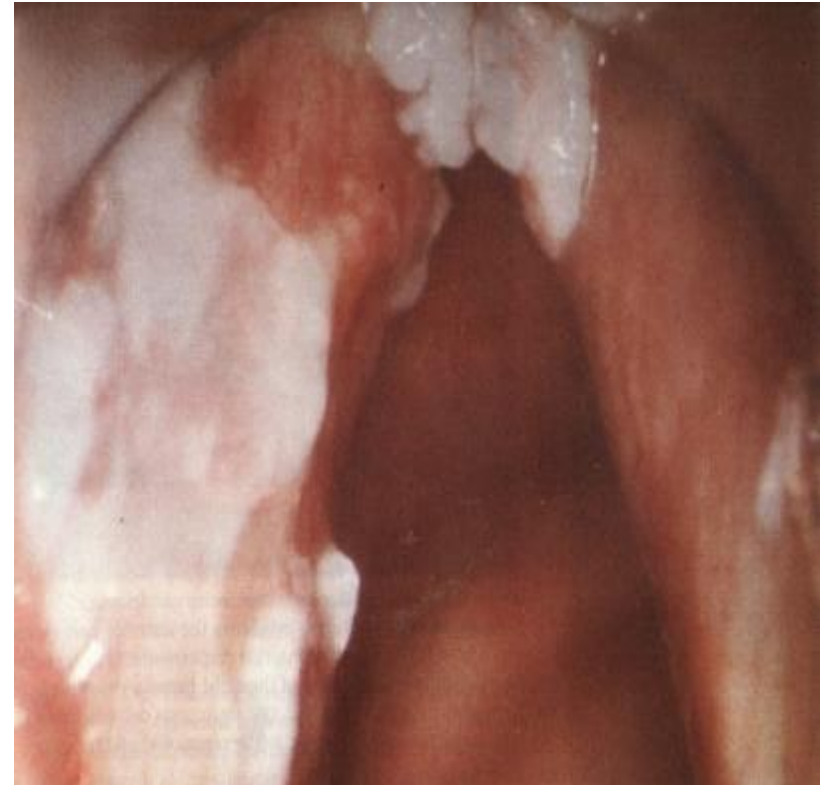
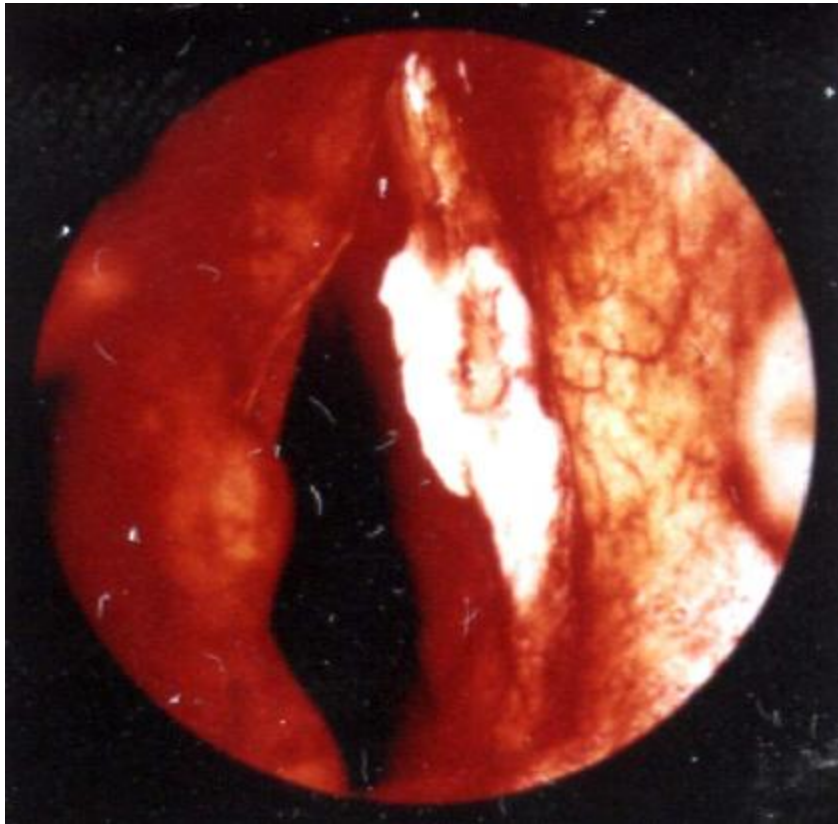




**Diagnosis :** Juvenile multiple Papillomatosis.

**Treatment :** If stridor occurs ----- tracheostomy.  
Repeated excision by microlaryngo surgery.

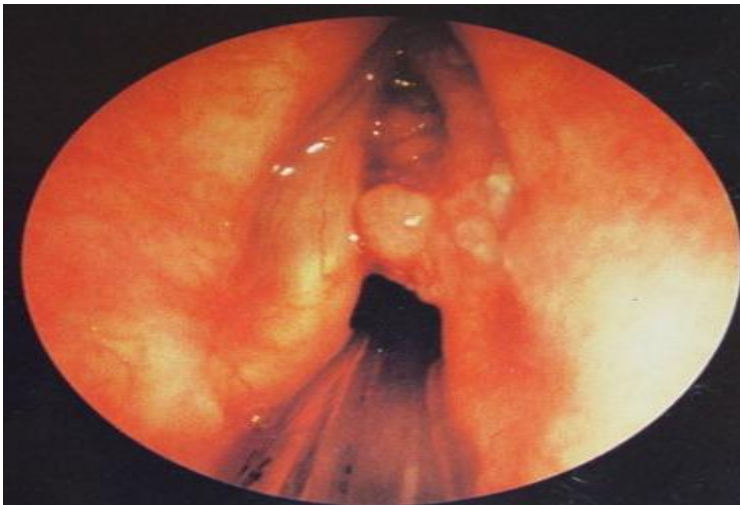
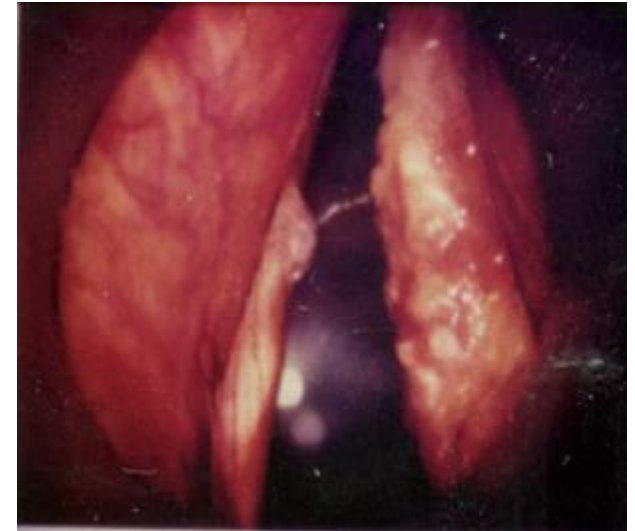
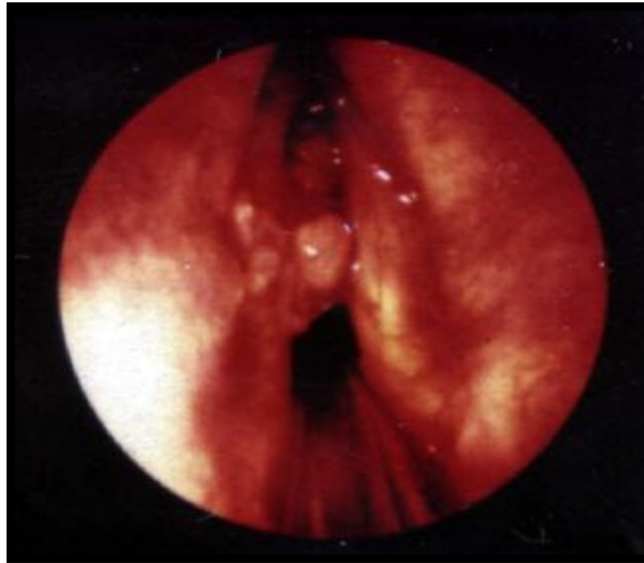
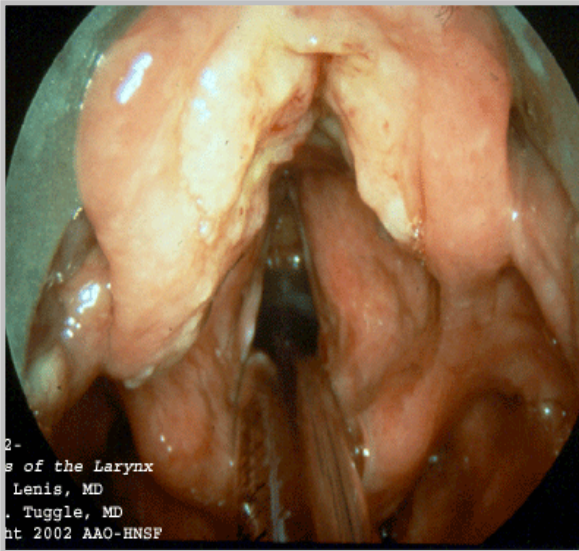




*Diagnosis :* Leukoplakia of the vocal fold.

*investigation :* Frequent biopsy.

*Treatment :* Cordectomy.



**Diagnosis :** Laryngeal carcinoma.

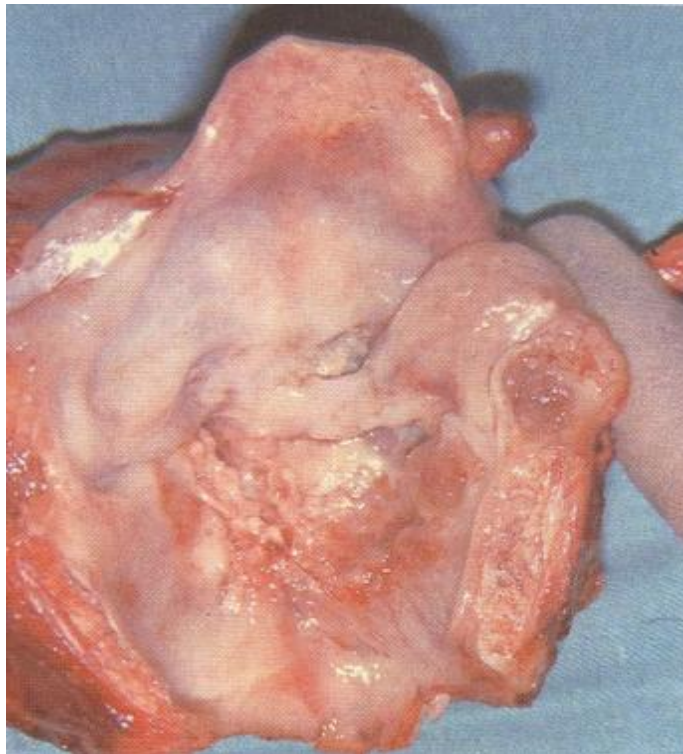
**Investigation :** C.T scan neck - Biopsy.

**Treatment :** Total Laryngectomy and/or radiotherapy.

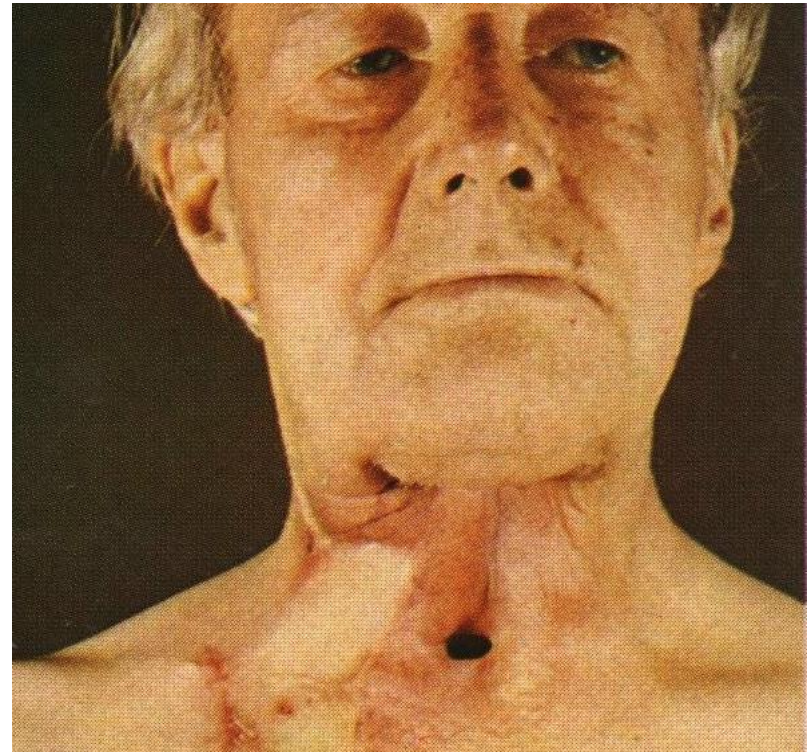


## *Larynx: Malignant Lesions*

Laryngectomy specimen



Laryngectomy patient



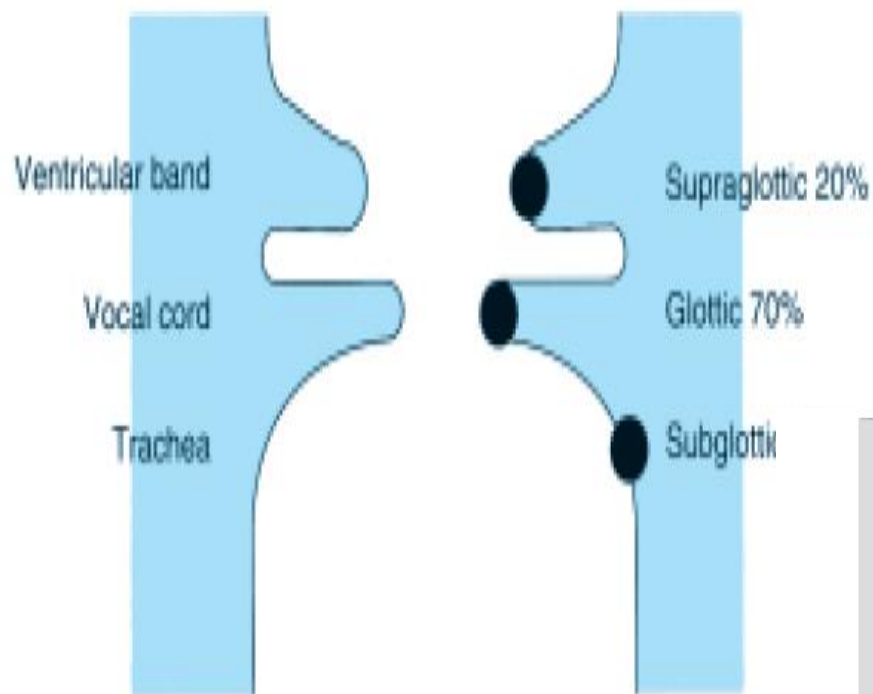


Fig. 4.90 Carcinoma of the larynx. 70% of laryngeal carcinomas affect the v

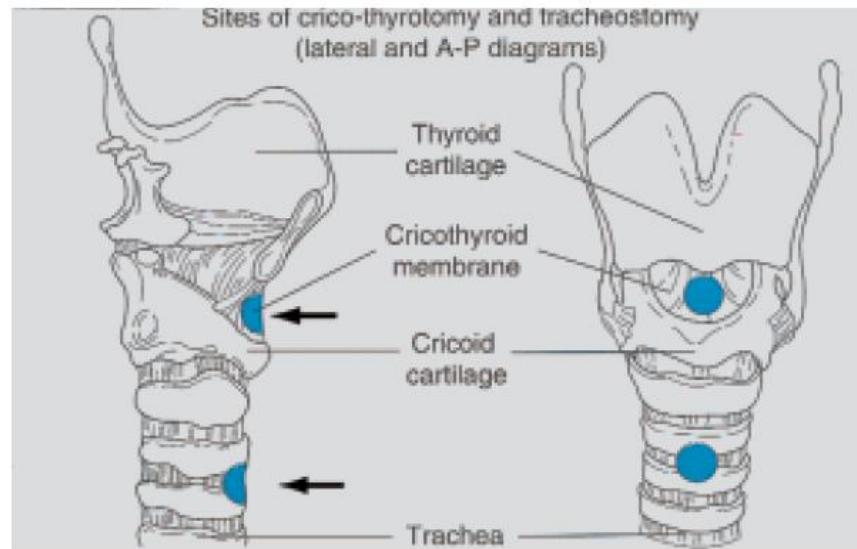


Fig. 4.104 Tracheostomy. Openings are usually made between the 2nd and 3rd tracheal rings. A "higher" tracheostomy predisposes to stenosis of the larynx in the subglottic region. The airway is most accessible and superficial at the level of the cricothyroid membrane, and in acute laryngeal obstruction an opening through the membrane will restore the airway. The cricothyrotomy opening is, however, for an emergency, and is only temporary. Indwelling tubes at this site lead to subglottic stenosis of the larynx.





# II - Radiology



## A. Plain X-ray:

1. Lateral neck view.
2. Chest X-ray P-A view.

## B. X-ray with contrast: (Barium swallow)

# Lateral neck x-ray

## Look at : •

- Nasopharynx –
- Airway –
- Prevertebral space –
- Vertebrae –

## Take care of: •

- Tubes –
- Tracheostomy •
- Nasogastric •
- Child or adult.

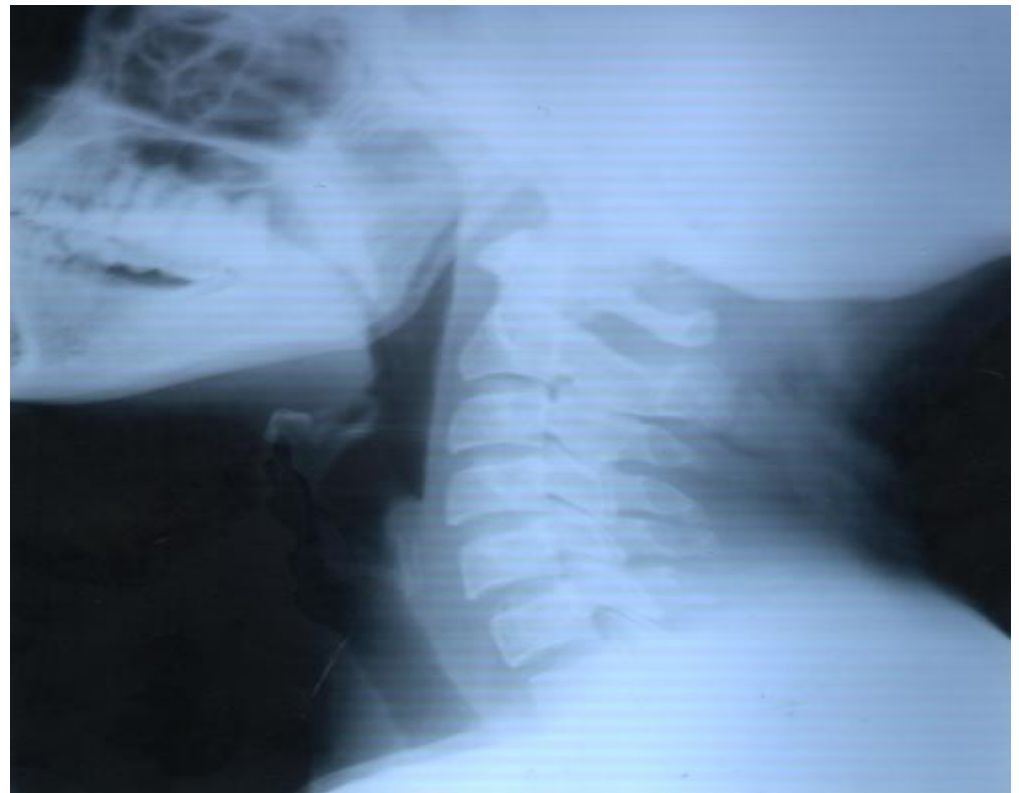
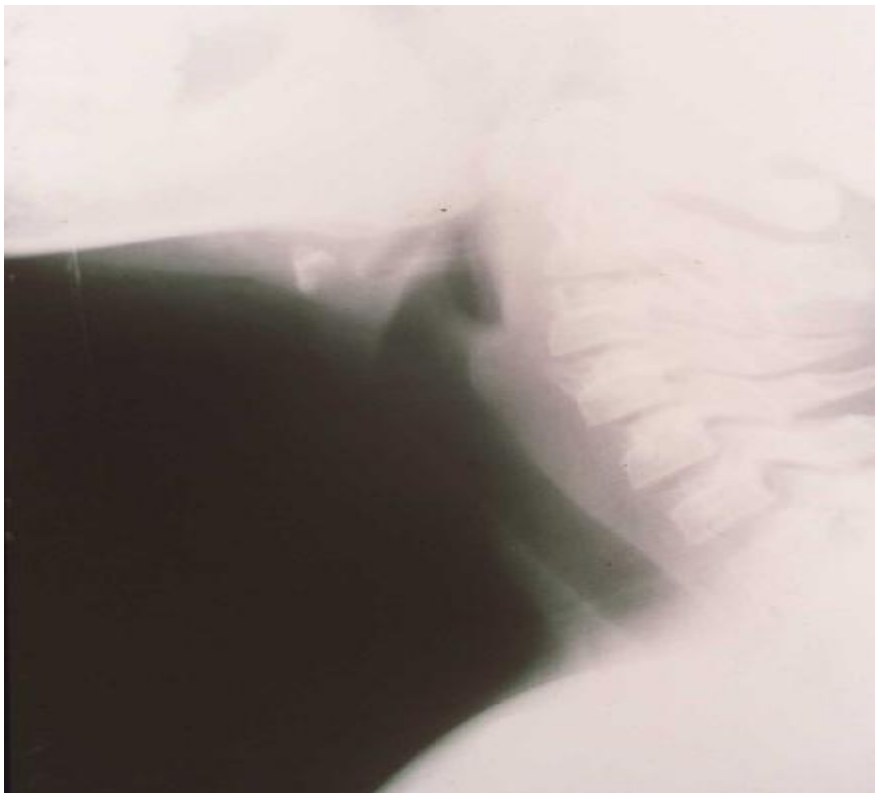
## Diagnosis: •

- Nasopharyngeal mass –
  - Adenoid •
  - Mass •
- Laryngeal carcinoma –
- Widening of prevertebral –  
pace
  - Postcricoid carcinoma •
  - Acute prevertebral abscess •
- Chronic prevertebral –  
abscess

## Plain X-ray:

### Lateral neck view:

1. Adenoid hypertrophy or nasopharyngeal mass.
2. Laryngeal carcinoma.
3. Post-cricoid carcinoma.
4. Acute retropharyngeal abscess.
5. Chronic retropharyngeal abscess (Pott's ds.).





## Radiology: Plain Lateral Skull

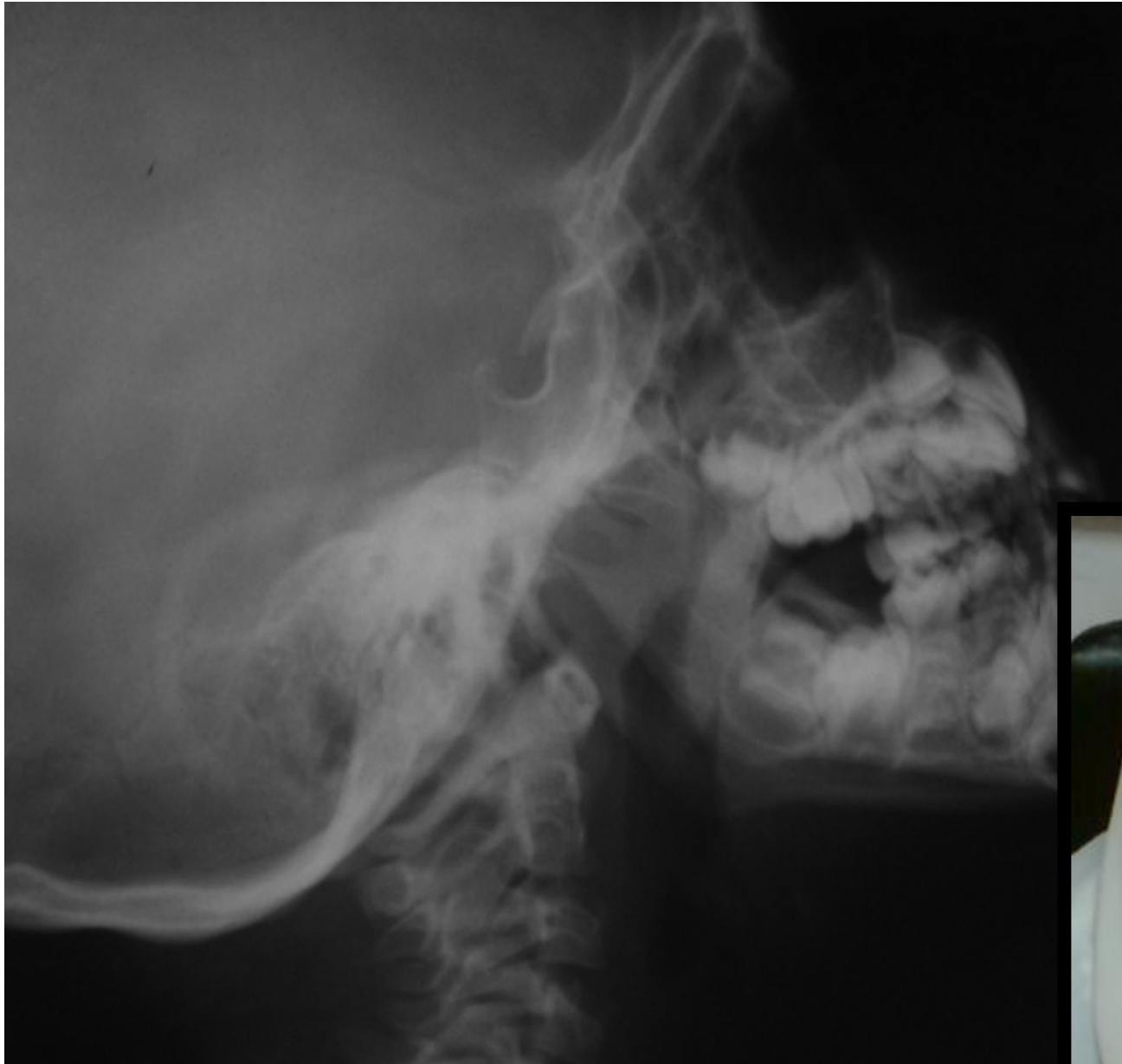
Nasopharyngeal  
Lesion in a child  
ADENOID

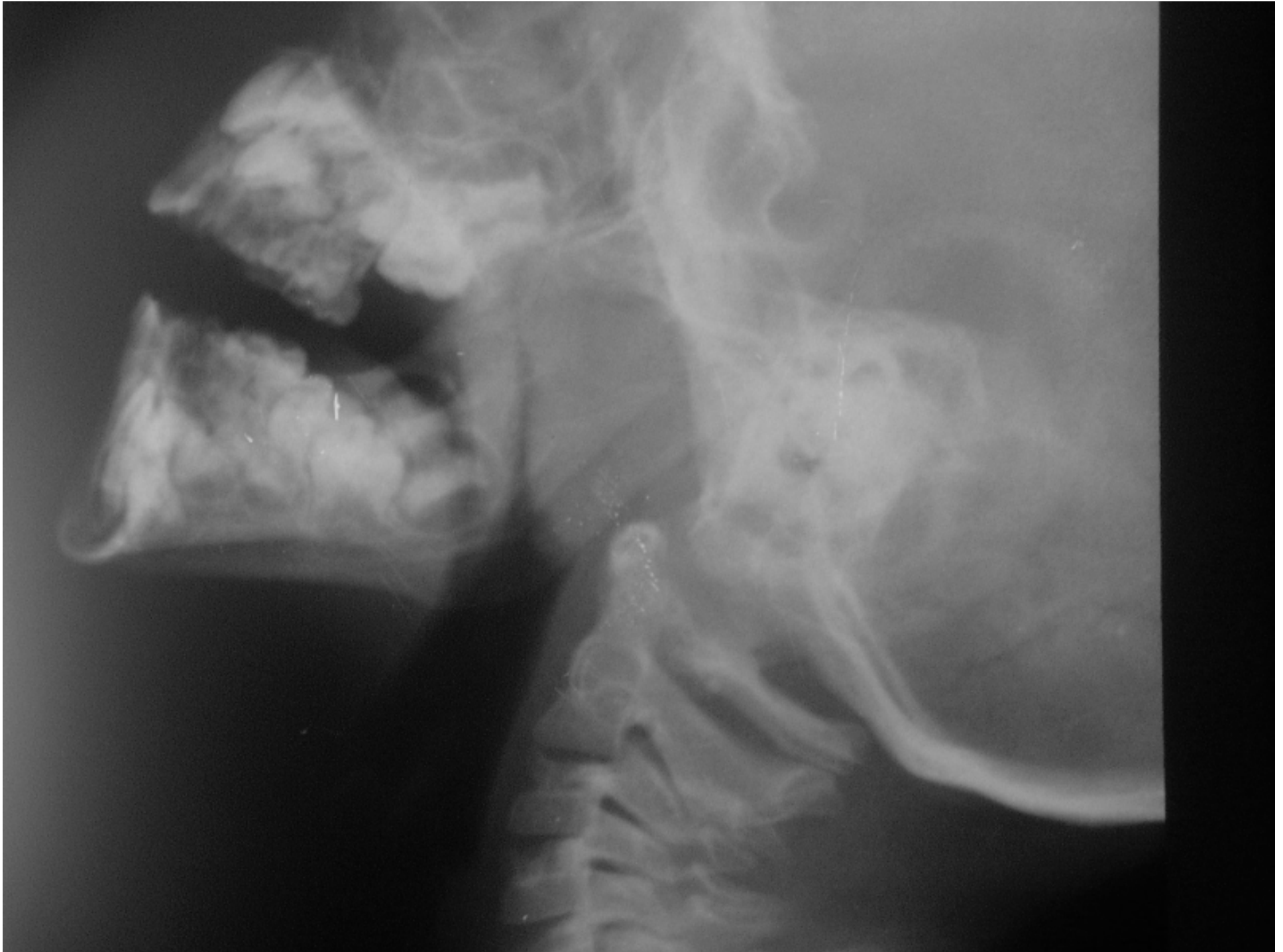


Nasopharyngeal  
Lesion in adult  
NASOPHARYNGEAL  
TUMOR

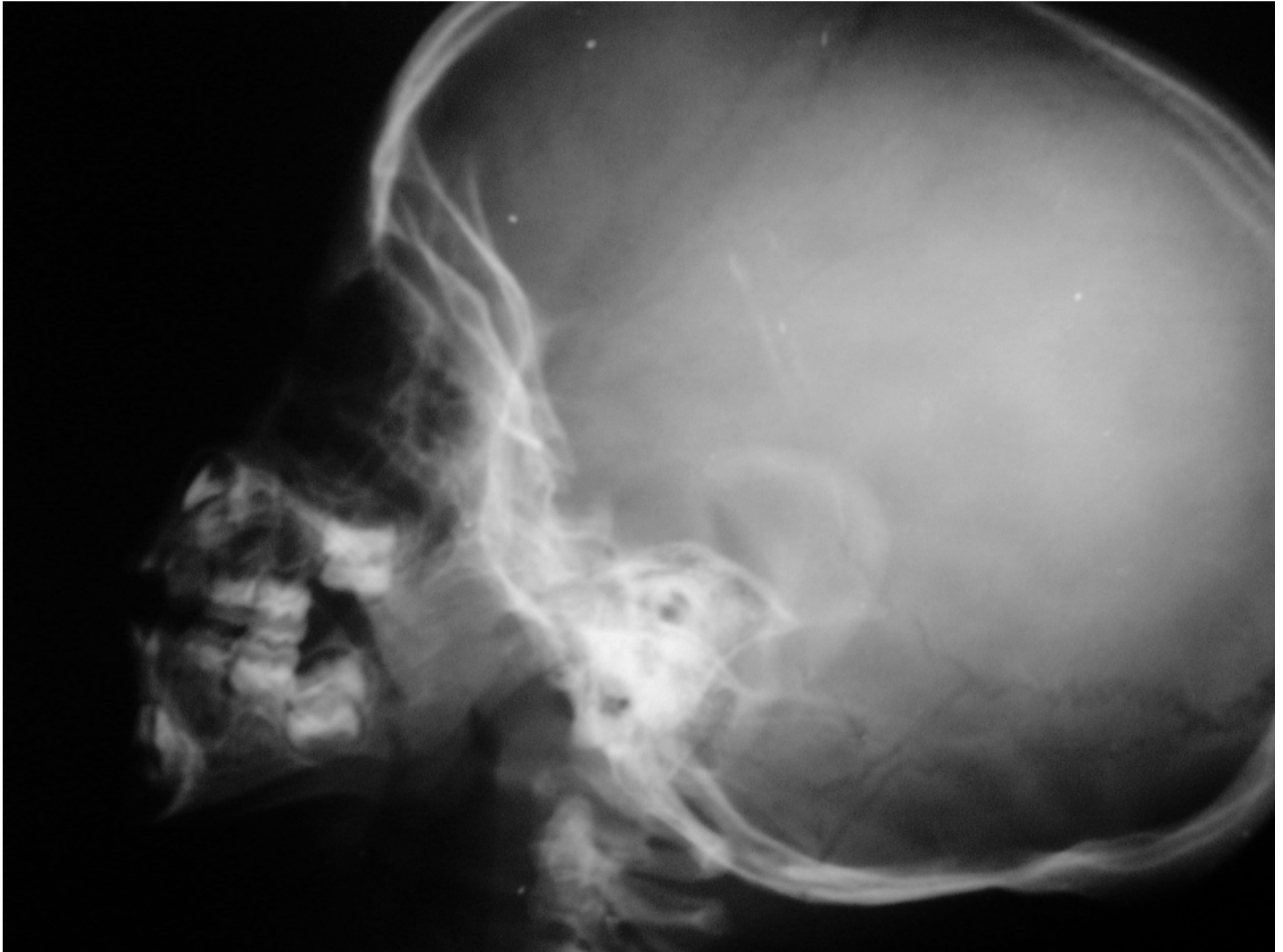


Nasopharyngeal  
Lesion







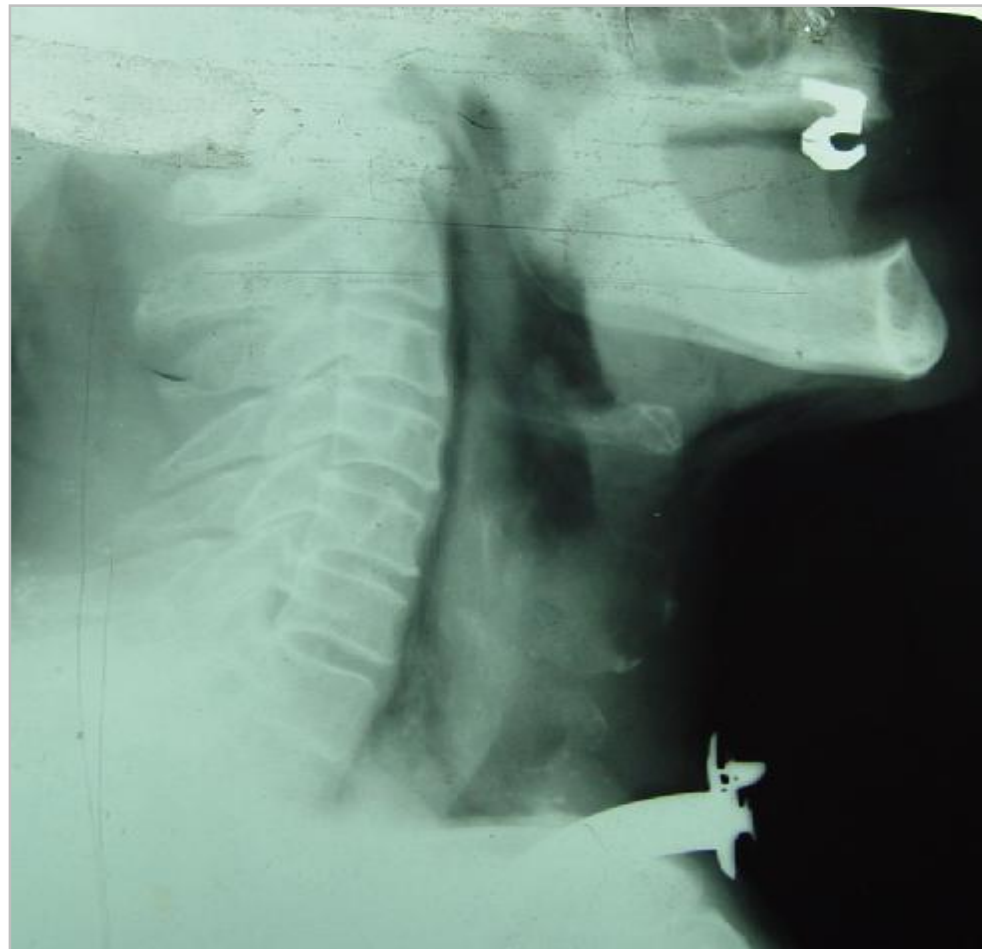


# Radiology: Plain Lateral Neck

Lateral Neck: Carcinoma of larynx



Normal



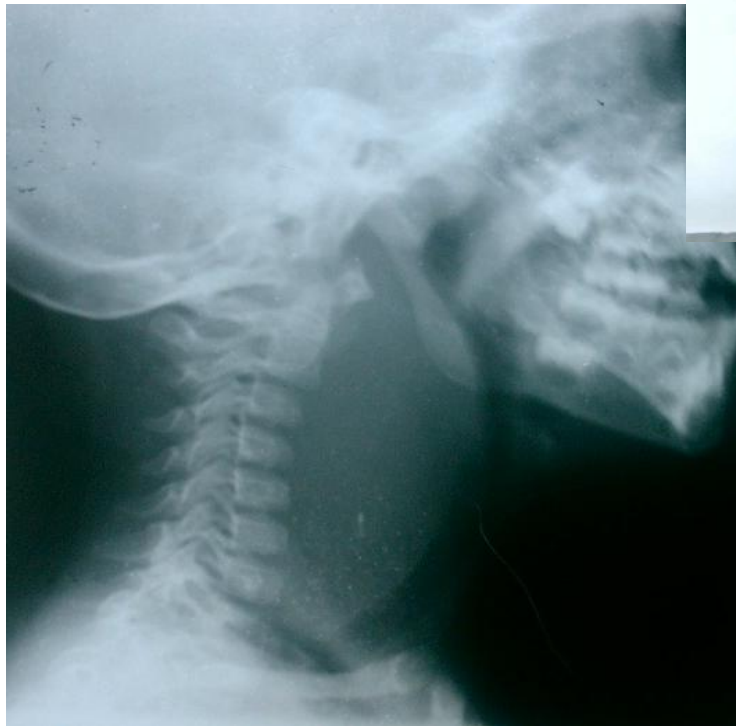
# Radiology: Plain Lateral Neck

Widening of prevertebral space



Normal

Localized



Diffuse





# Radiology: Plain Lateral Neck

Widening of prevertebral space



Post-cricoid Carcinoma



## Radiology: Plain Lateral Neck

Widening of prevertebral space



Acute retro-pharyngeal abscess



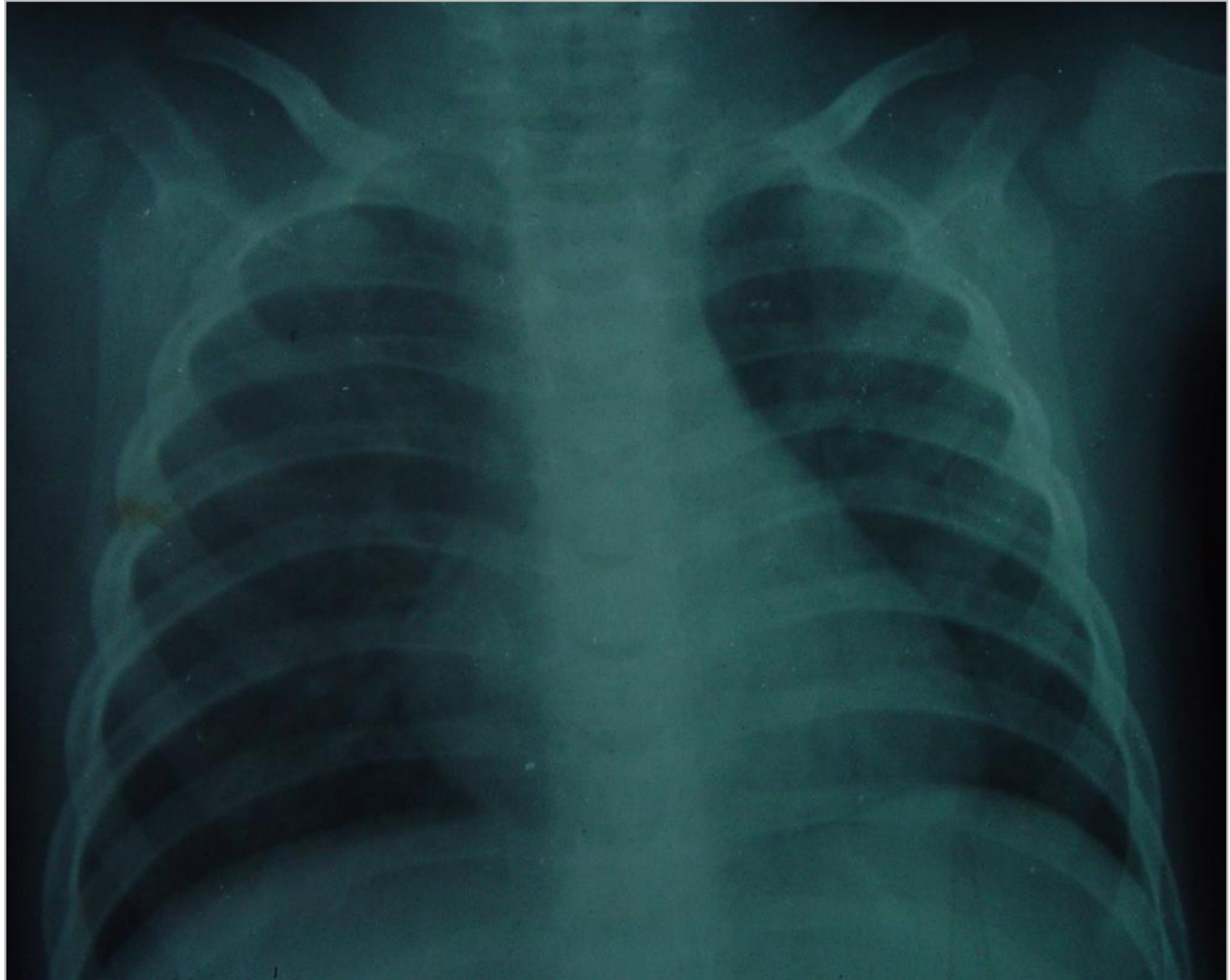


## Radiology: Plain Lateral Neck

Chronic  
retropharyngeal  
abscess



# Radiology: Plain PA Chest (FB inhalation)

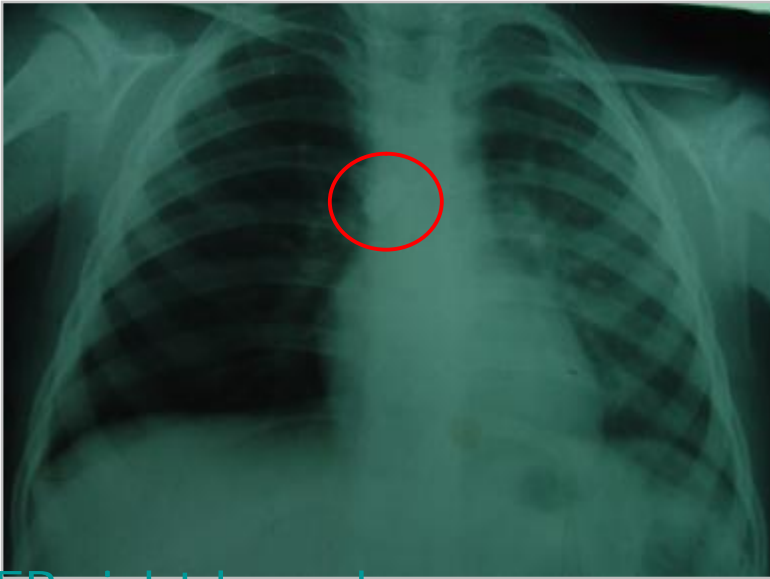


Normal

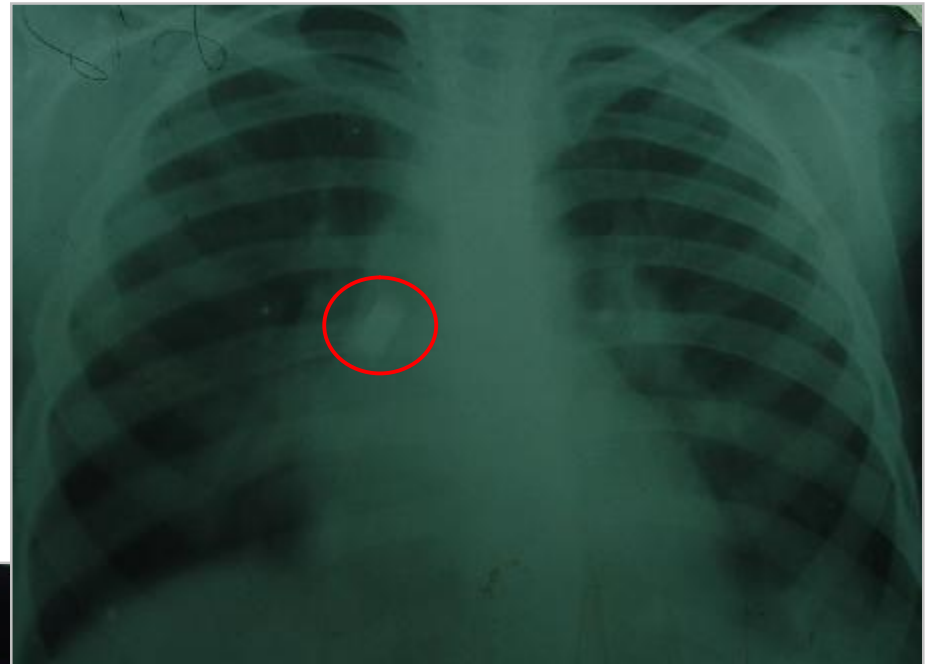


# Radiology: Plain PA Chest

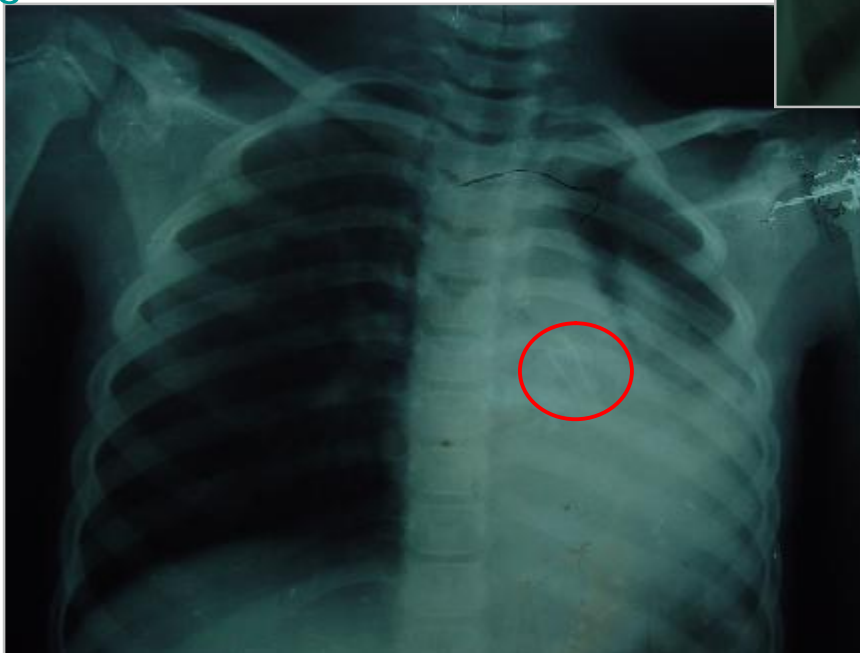
Radio-opaque FB inhalation



FB right bronchus



FB right bronchus



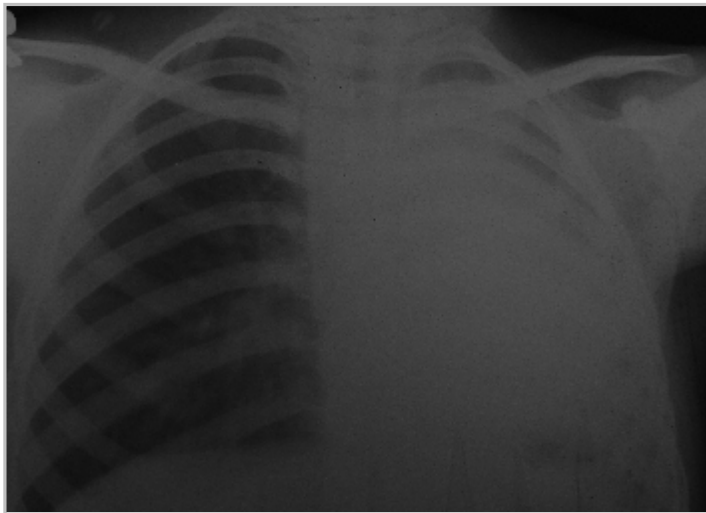
FB left bronchus

# Radiology: Plain PA Chest

(Arieted, non-arieted)



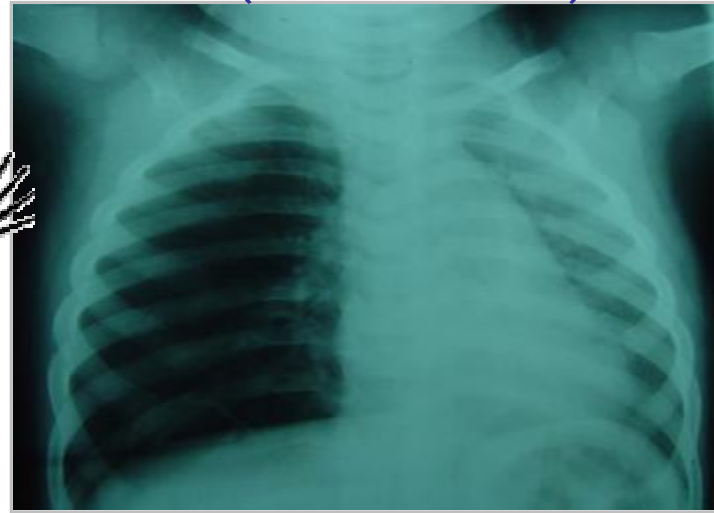
FB right bronchus, Right Collapse



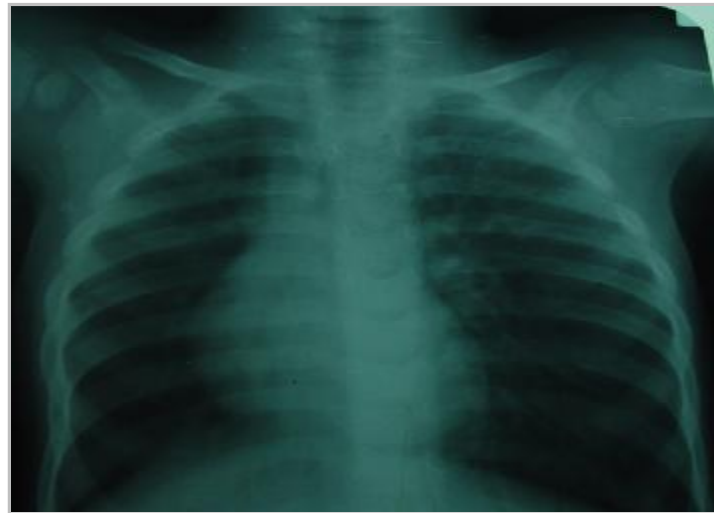
left FB bronchus, Left Collapse

{Translucent FB inhalation}

(Both arieted)



FB right bronchus, right Emphysema



FB left bronchus, Left Emphysema

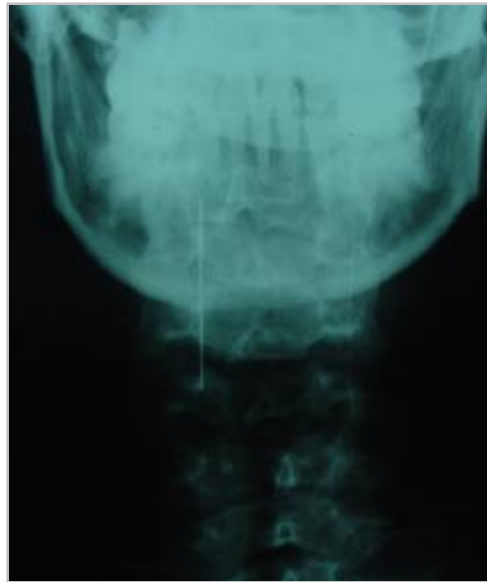


# Radiology: Plain PA Chest

## FB Swallowing



FB [Needle] pyriform fossa



FB [Coin] hypopharynx

## FB Swallowing



Lateral chest



# Radiology: Lateral Chest

FB inhalation



FB bronchus, barium Swallow

# BARIUM SWALLOW

## Diagnosis



### Cardiac achalasia

- stricture at diaphragm
- huge dilation
- Air-fluid level
- Loss of fundic gas bubble
- Parrot peak

### Post corrosive

- Upper or mid oesophagus
- Mild dilation
- Single long or multiple strictures
- Smooth funnel shaped edges

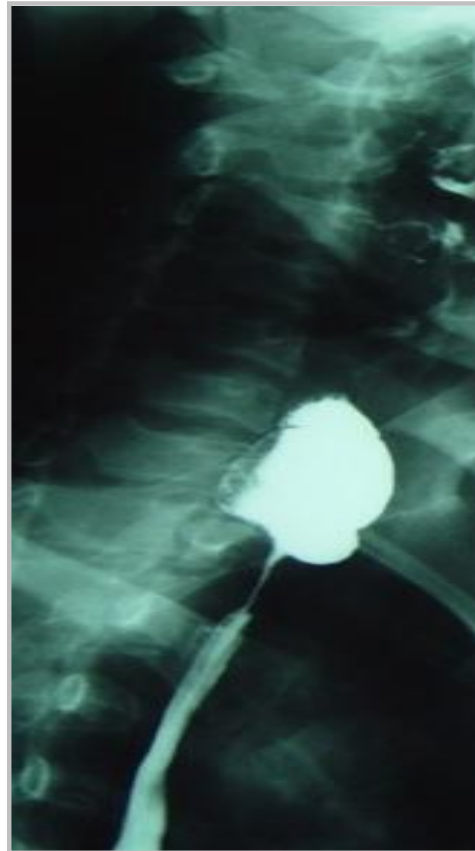
### Cancer oesophagus

- Any where (usually distal)
- Mild to moderate dilation
- Single short segment
- Irregular edges & shouldering
- Rat tail

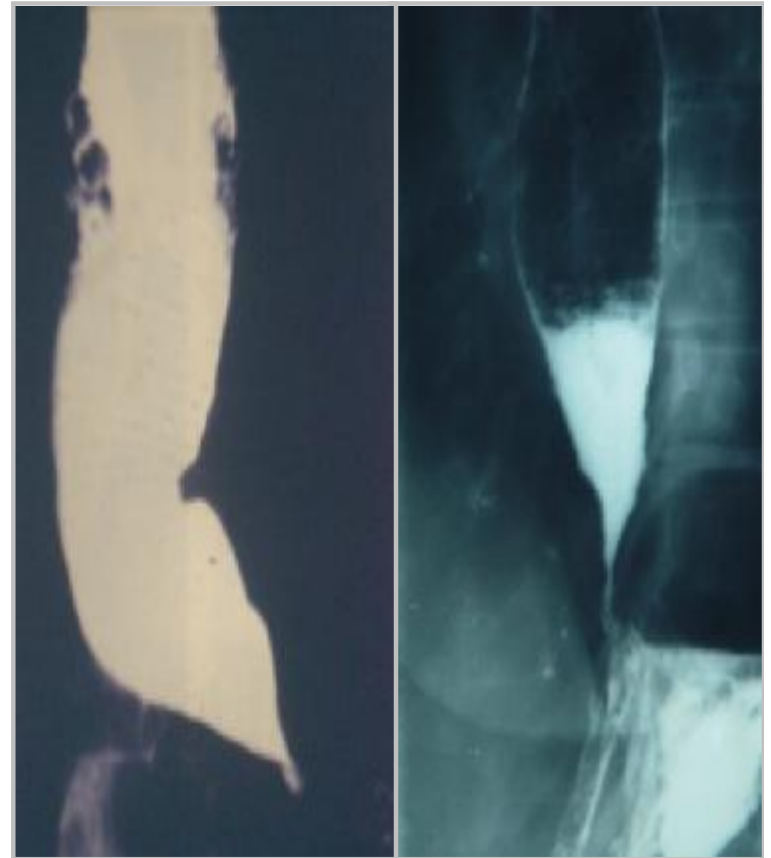
## Radiology: Barium Swallow



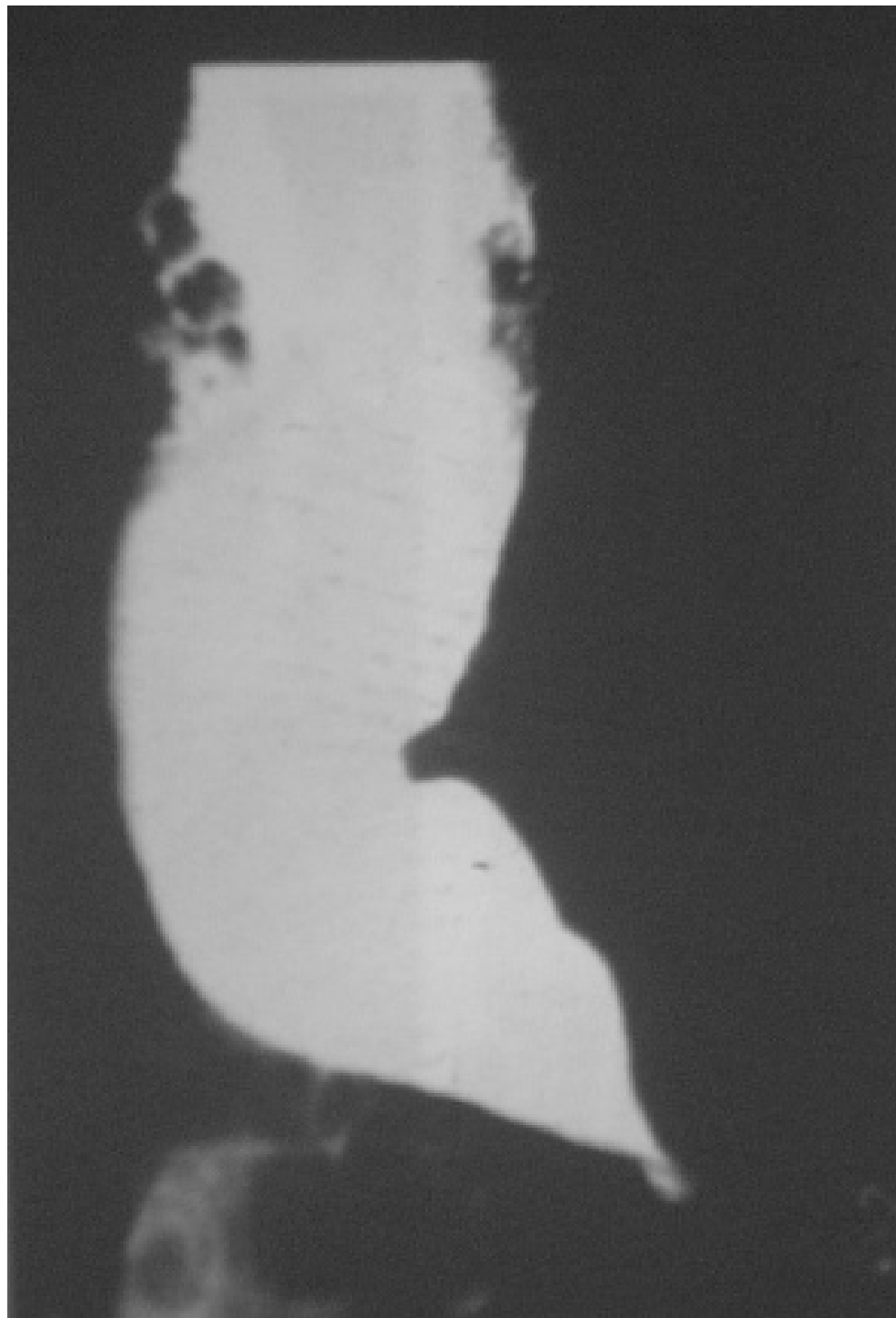
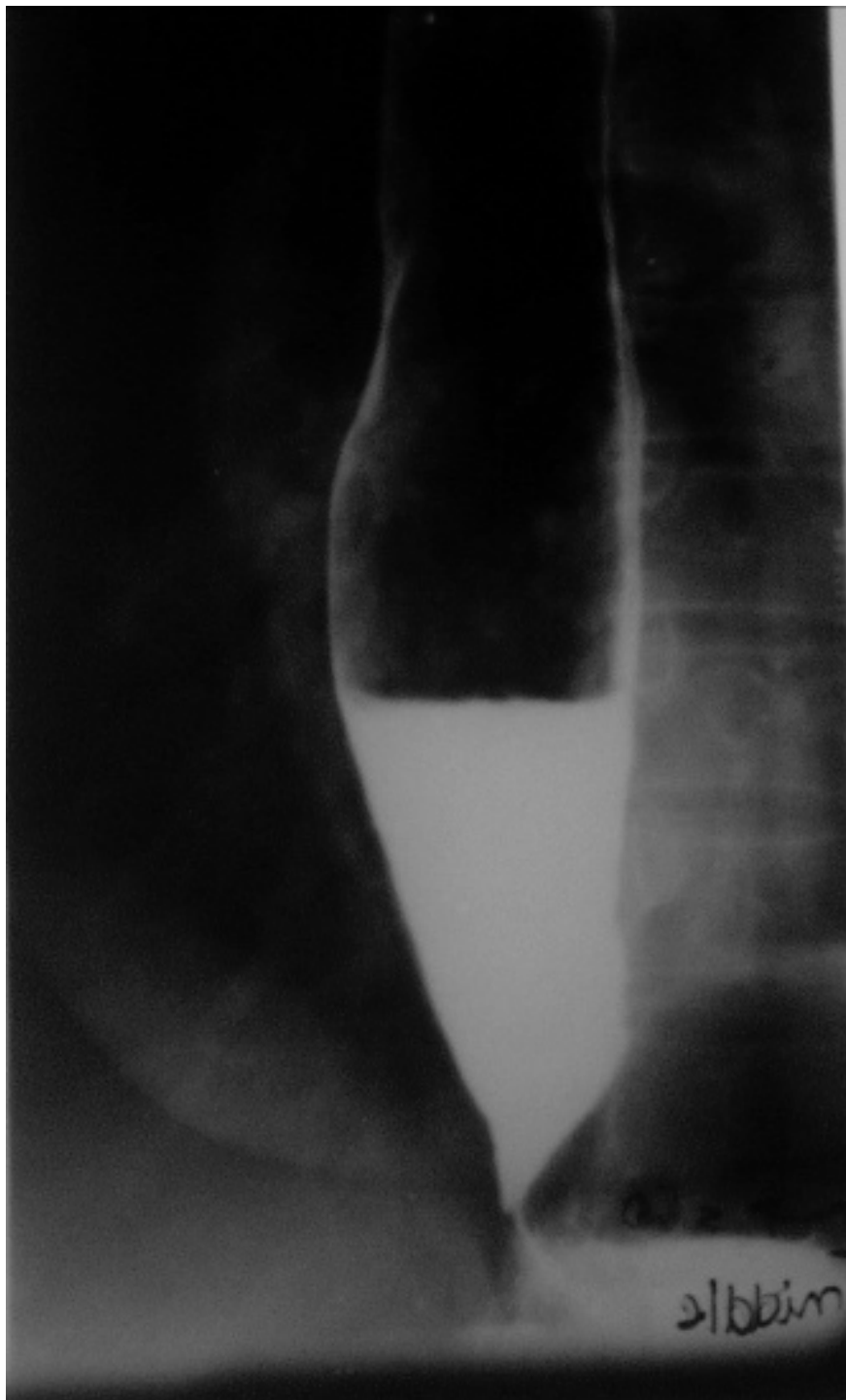
Post corrosive



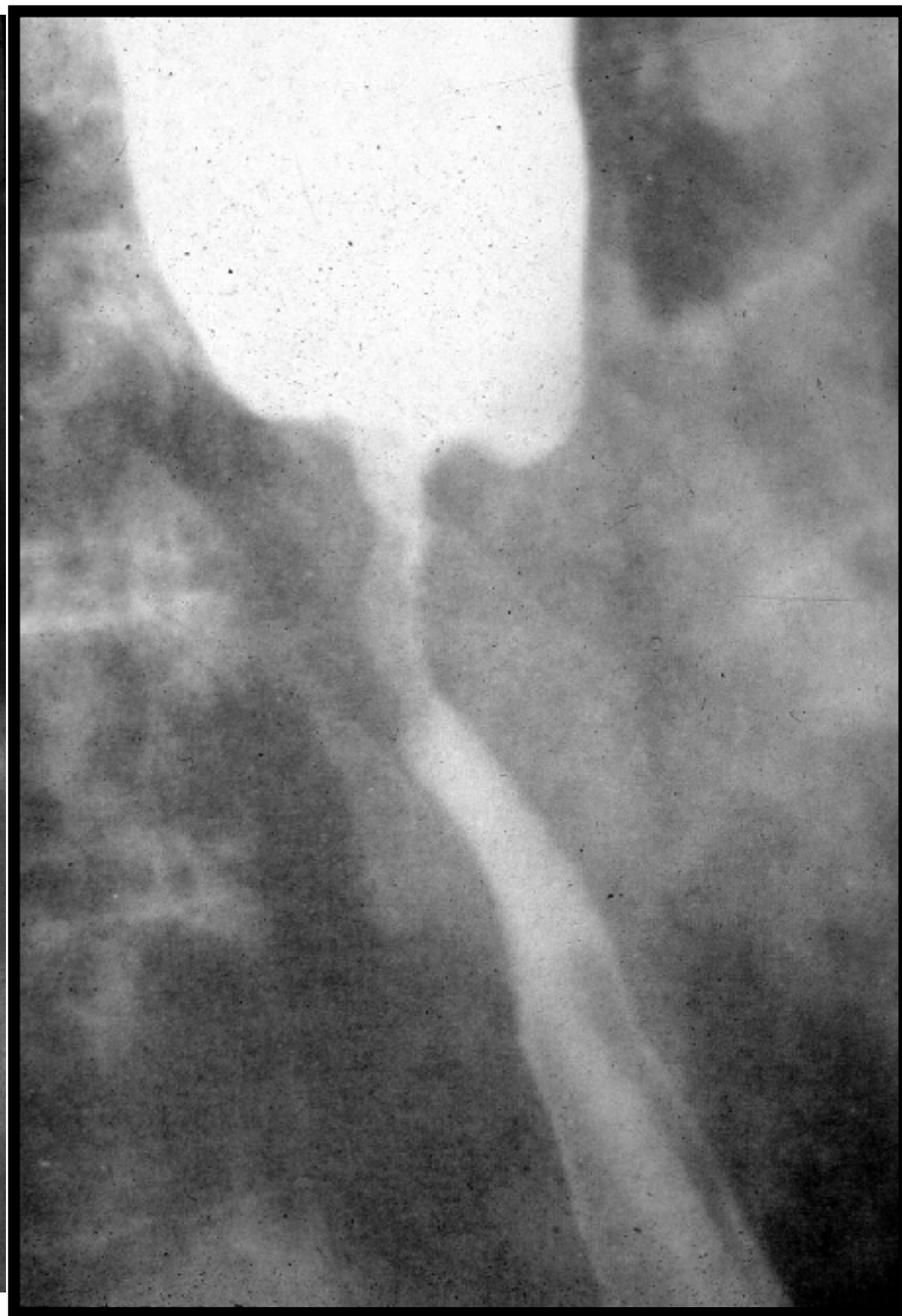
Carcinoma of Esophagus



Achalasia of Cardia



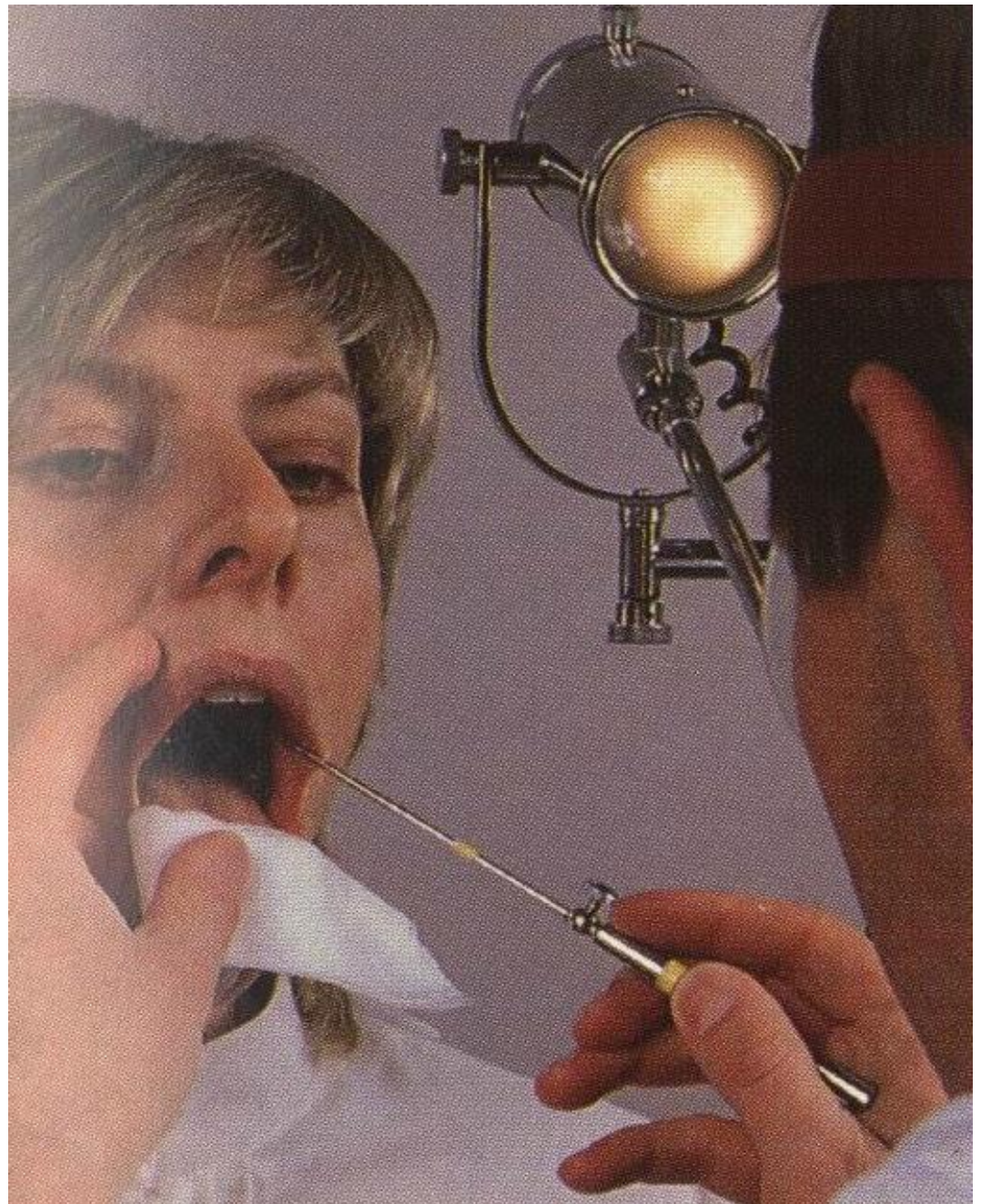




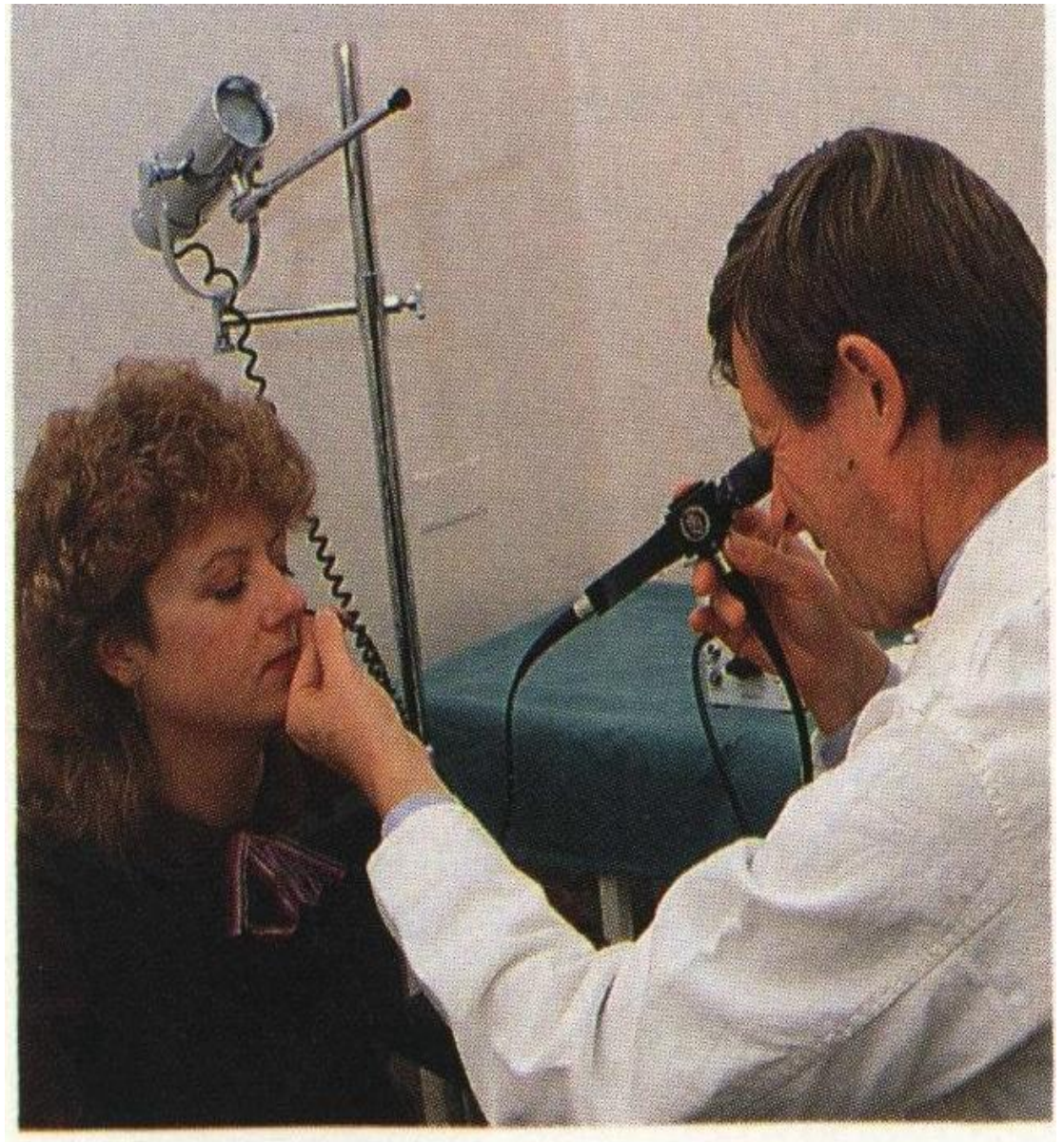
# III - Instruments





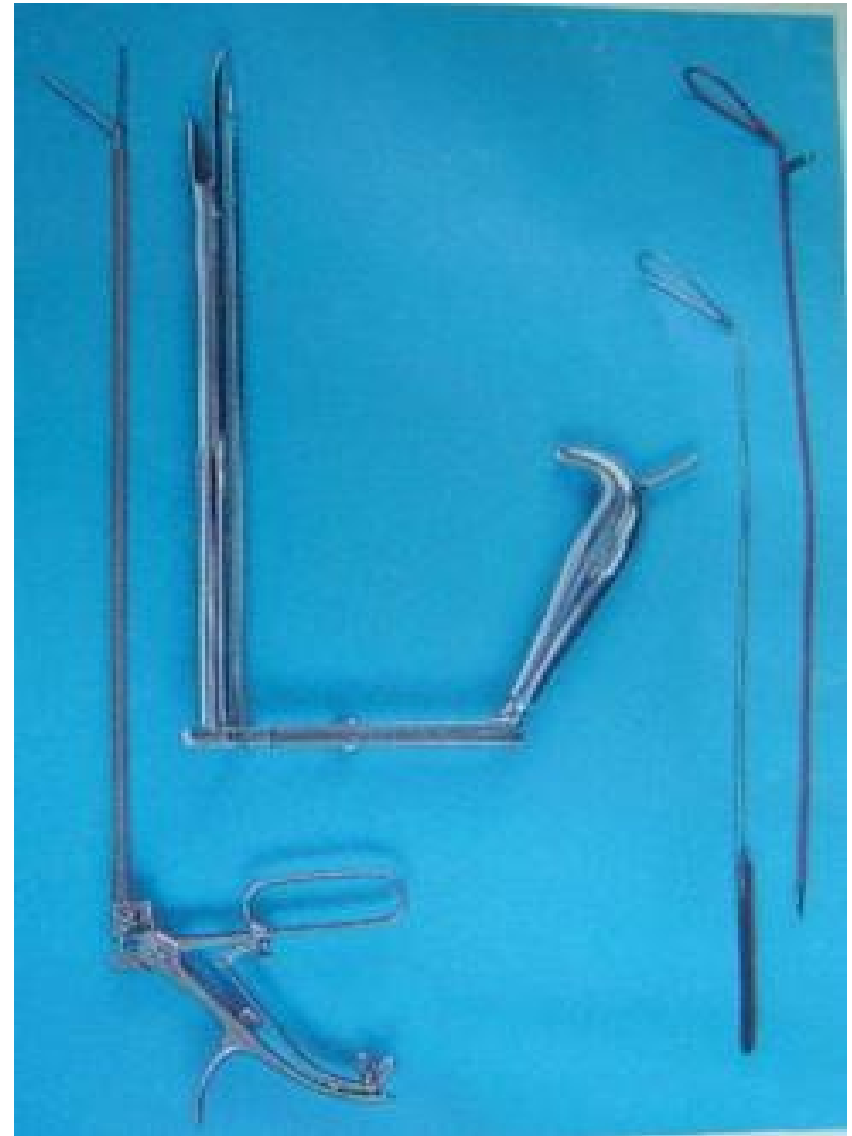


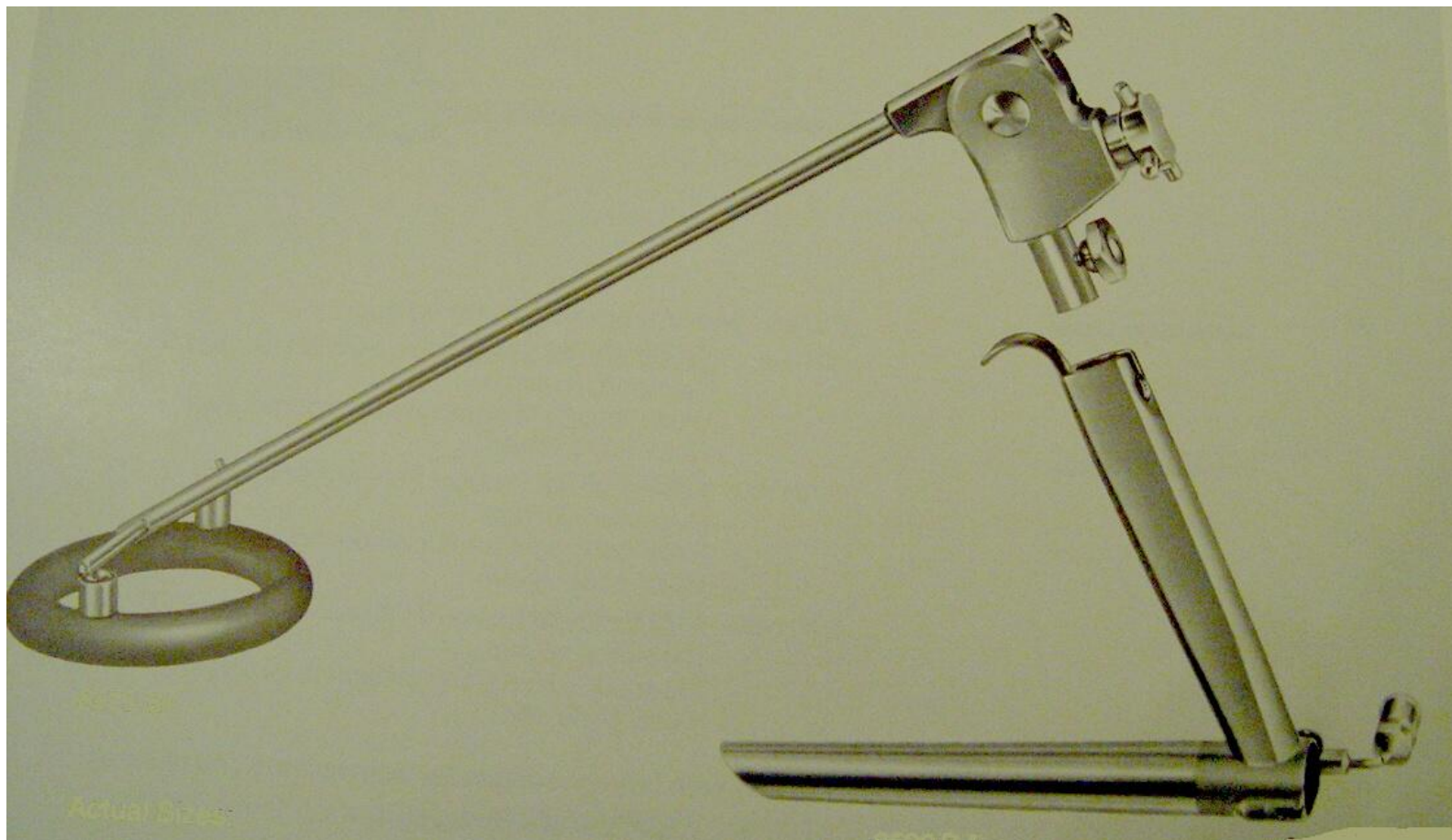






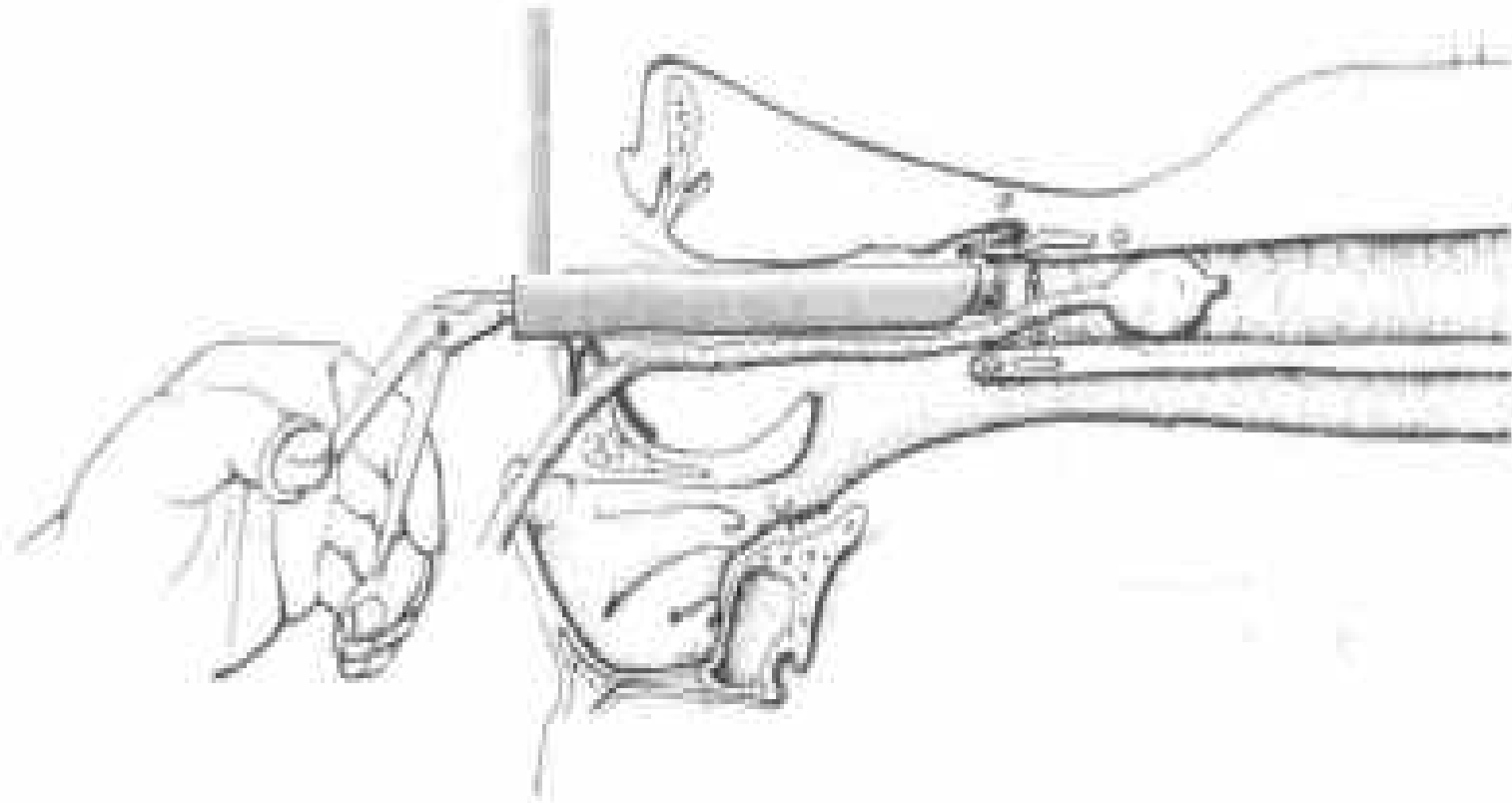


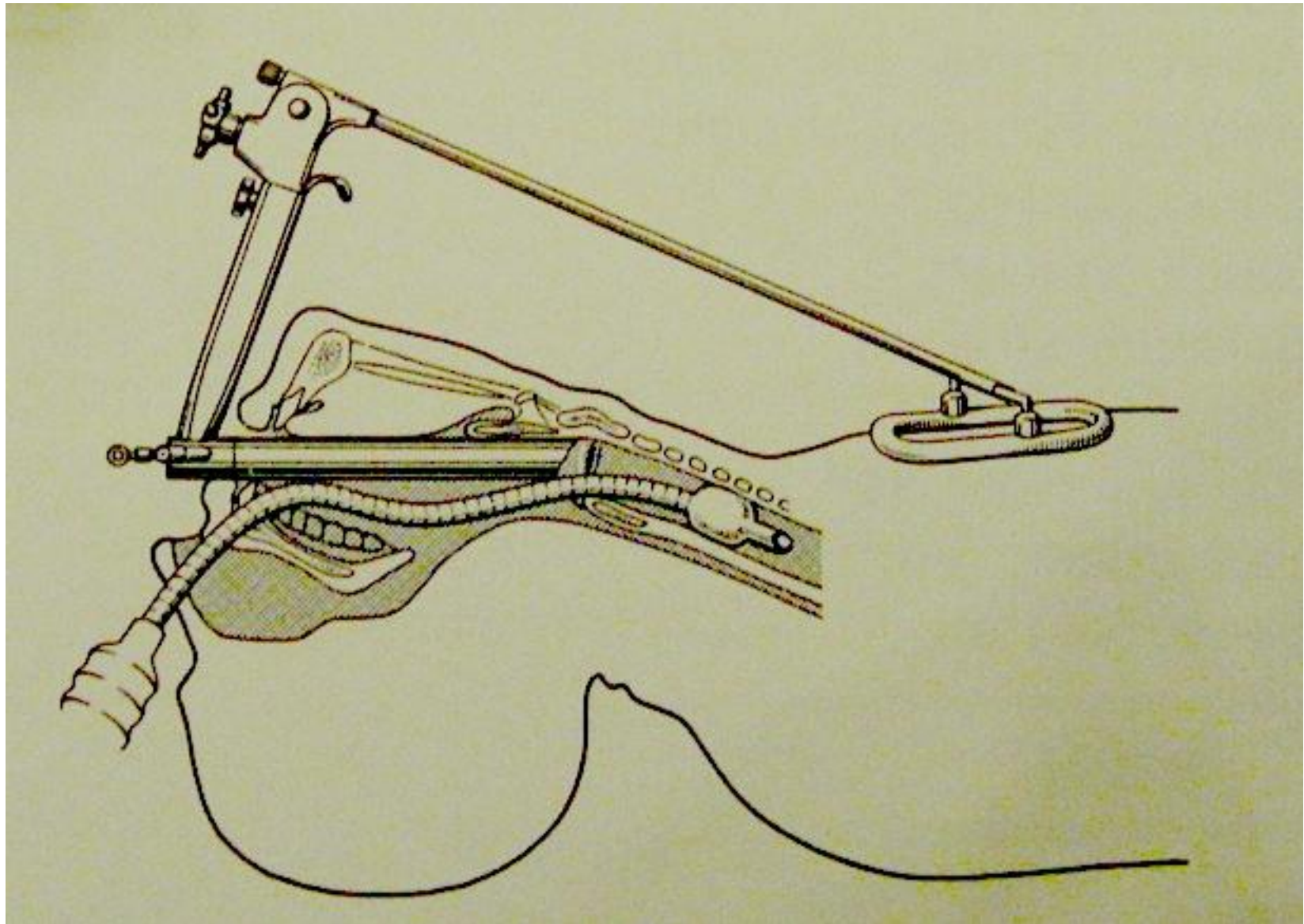




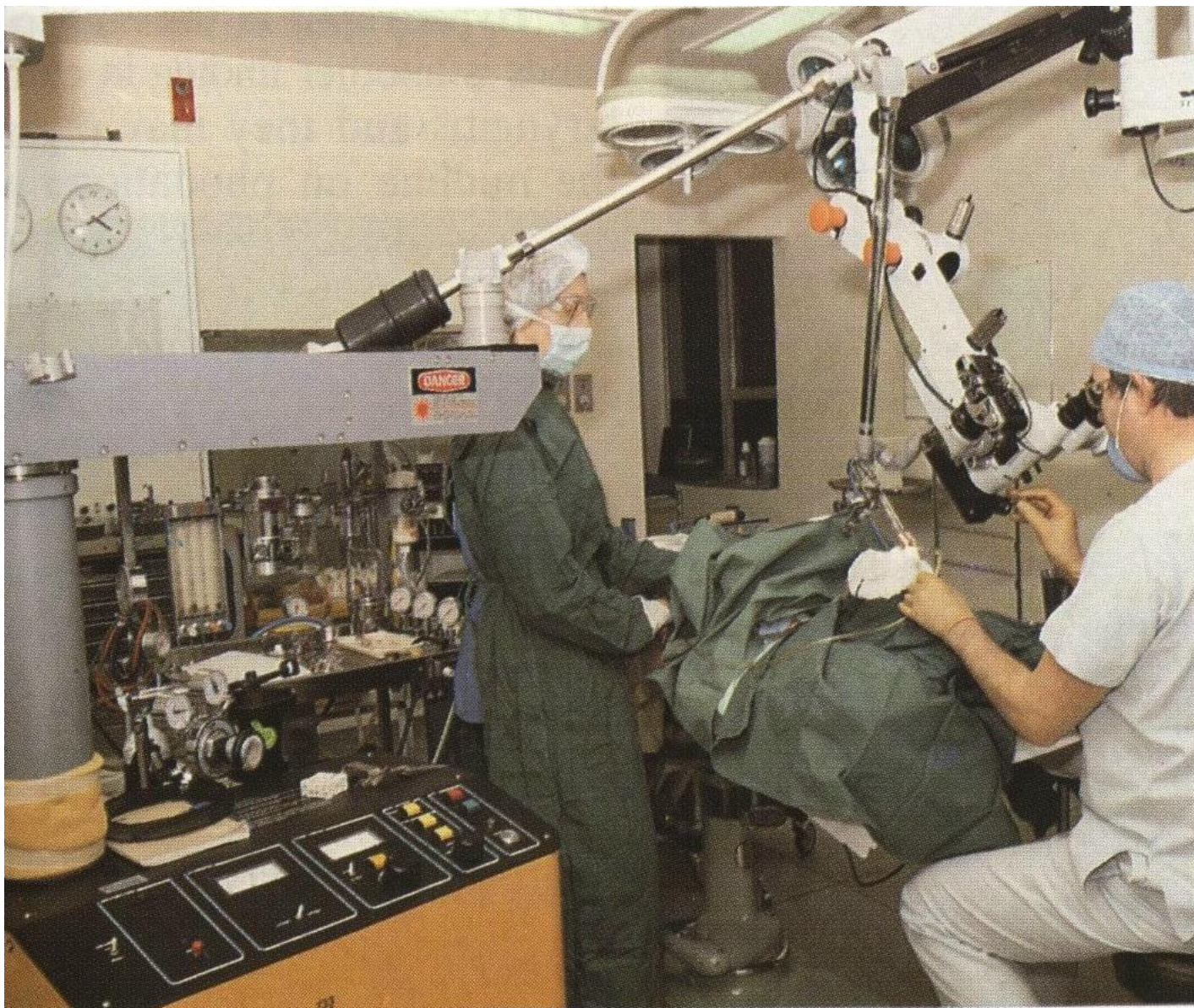


# Endoscopic examination under GA

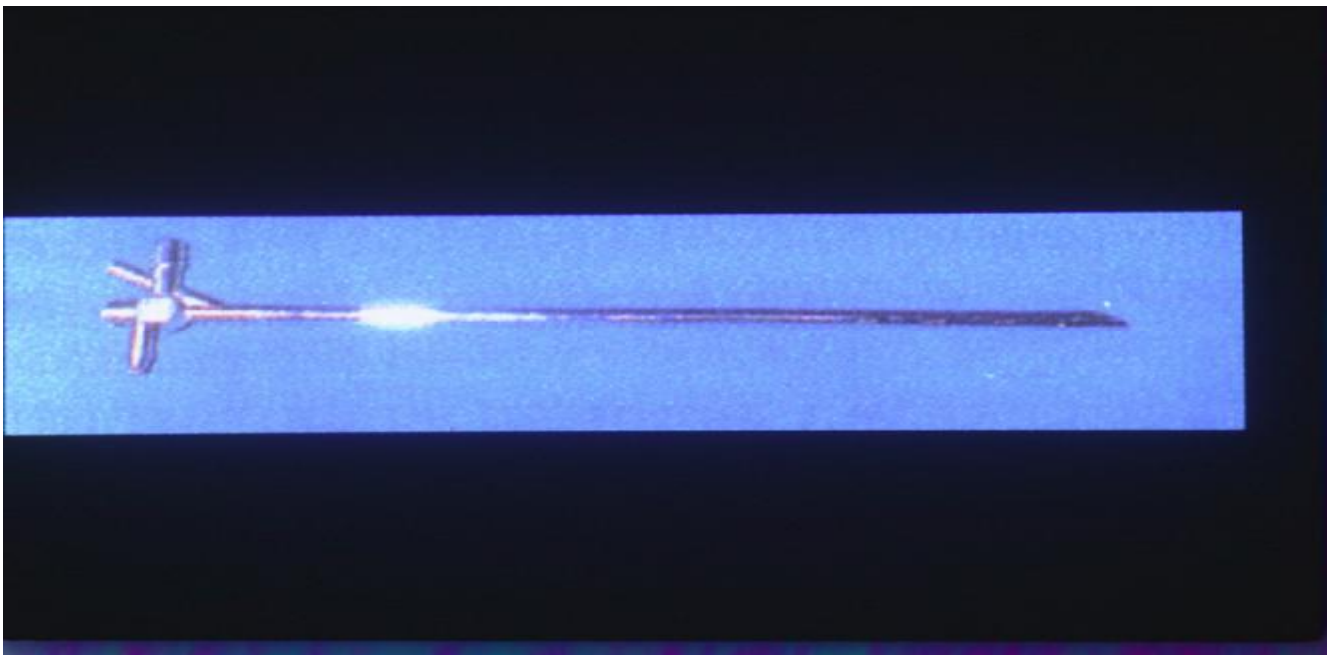
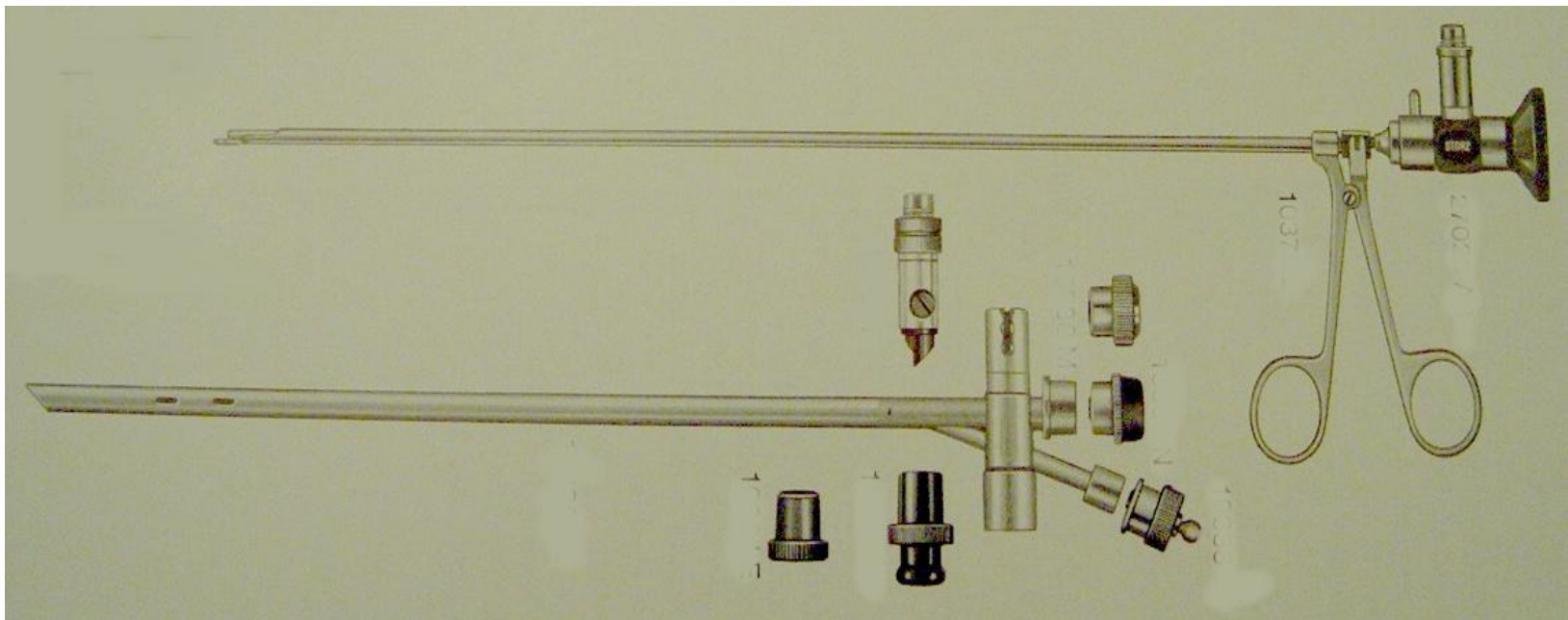














# Any scope

## Indications:

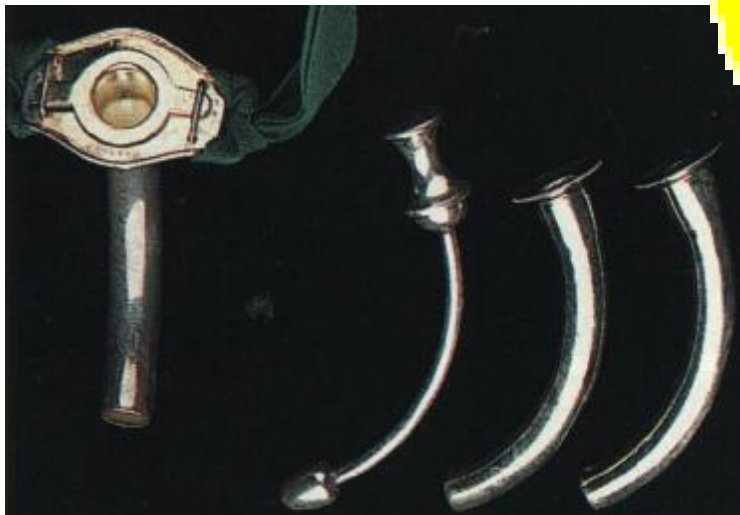
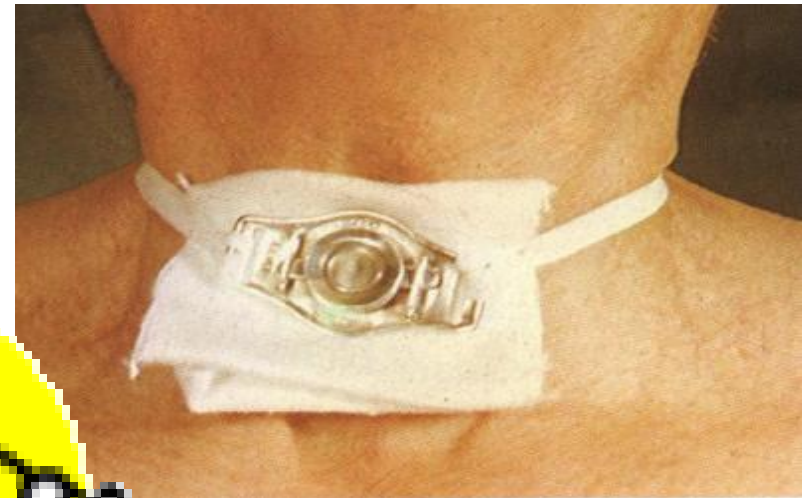
### 1.Diagnostic:

- \*Visualization of organ.
- \*Take biopsy.

### 2.Therapeutic:

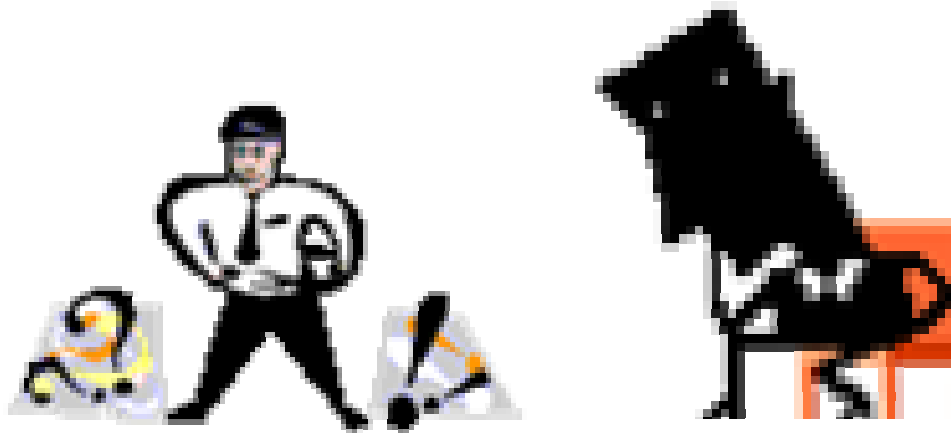
- \*Removal of FB
- \*Excision of benign tumour.

# Larynx: Tracheostomy



# *Assessment*

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# THANK YOU

